P08000102744

(Req	uestor's Name)	
(Addi	ress)	
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(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	· ·
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Special Instructions to Fi	iling Officer:	
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Office Use Only



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COVER LETTER

TO:	Amendment Division of	t Section Corporations			
SUBJĘ	ECT:	ABOVE ALL APPLIA	ANCE SEF		<u> </u>
DOCU	IMENT NUN	4BER:	P0800010	2744	·
The en	closed Staten	nent of Change of Registered	Office/Agent a	and fee are subm	itted for filing.
Please	return all cor	respondence concerning this	matter to the fo	ollowing:	
	_		S RODRIGU		
		Name	of Contact Pers	son	
	-	Fi	rm/Company		
		235 NV	N 59TH COL	JRT	
	·		Address		
		MIA	MI, FL 3312	6	
	•	City/S	tate and Zip Co	ode	
		IESUSROF	D12@YAHO	O COM	
	 .	E-mail address: (to be used	for future an	nual report noti	fication)
For fur	ther informat	ion concerning this matter, p	lease call:		
	JES	SUS RODRIGUEZ	at (305	924-3014
	Nam	e of Contact Person	at (rea Code & Dayt	924-3014 ime Telephone Number
Enclos	ed is a \$35.00) check made payable to the I	Department of	State.	
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment S Division of C Clifton Build 2661 Executiv Tallahassee, I	ection orporations ing ve Center Circle

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organi.	ized under the laws of the State of FLORIDA	
in order to change its registered office or register	red agent, or both, in the State of Florida.	
1. The name of the corporation: ABOVE ALL APP	LIANCE SERVICES INC	
2. The principal office address: 6150 HARDING ST		
HOLLYWOOD FL 33024		
3. The mailing address (if different): P O BOX 84835	6	
PEMBROKE PINES FL 33084		
4. Date of incorporation/qualification: 11/19/2008	Document number: P08000102744	
The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned		
GARCIA, SILVIO D		
6150 HARDING ST	SECRET	
HOLLYWOOD FL 33024 US		
6. The name and street address of the new registered agent (if changed):		71
LUIS RODRIGUEZ	SIAII FLORII	-
14440 SW 51 STREET		
P.O. Box NOT	racceptable acceptable	
<u> </u>		
The street address of its registered office and the street as changed will be identical.		
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.	
Signatule of ab officer or director	SILVIO D. GARCIA Printed or typed name and title	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	d agree to act in this capacity. Ites relative to the proper and complete performance 'gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
Signatur of Registered Agent	JULY 1, 2009	
•	Mic	
If signing on behalf of an entity:		
Typed or Printed Name		
* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)