# P09000001074

(R	equestor's Name)	
(Ad	ddress)	
. (Ad	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(Bi	usiness Entity Name)	
(De	ocument Number)	· 1 .
Certified Copies	Certificates of	Status <u>ভেরতের</u> ফুলো
Special Instructions to	Filing Officer  H	Message
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SECRETARY OF STATE

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2009

ANNETTE M. VIROK ALOHA TOTAL HOME SERVICES & PEST CONTROL 16281 S W 274TH ST HOMESTEAD, FL 33031

SUBJECT: ALOHA TOTAL HOME SERVICES & PEST CONTROL INC.

Ref. Number: P0900001074

We have received your document for ALOHA TOTAL HOME SERVICES & PEST CONTROL INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The document must have original signatures.

Must have original signature for registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Letter Number: 009A00024260

Tina Roberts
Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2009

ANNETTE M. VIROK ALOHA TOTAL HOME SERVICES & PEST CONTROL 16281 S W 274TH ST HOMESTEAD, FL 33031

SUBJECT: ALOHA TOTAL HOME SERVICES & PEST CONTROL INC.

Ref. Number: P09000001074

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Tina Roberts Regulatory Specialist II

Letter Number: 009A00024260



### **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: ALOHA TO	OTAL HOME SERV	CICE & PEST CO	ONTROL.
DOCUMENT NUMBER:_	P09	000001074	
The enclosed Statement of C	hange of Registered Offic	e/Agent and fee are su	bmitted for filing.
Please return all corresponde	ence concerning this matte	r to the following:	
	RICHARD H	ERNANDEZ ntact Person	<del></del>
LOHA	TOTAL HOME SERV		NTROL INC
		4TH STREET	
<del></del>	HOMESTEA City/State a	D, FL. 33031 nd Zip Code	<del></del>
E-mail a	RH.ALOHA4MYH address: (to be used for t		notification)
For further information cond	erning this matter, please	call:	
RICHARD H	IERNANDEZ ntact Person	at ( 305 ) Area Code & I	790-8278 Daytime Telephone Number
Enclosed is a \$35.00 check	made payable to the Depar	tment of State.	
Div P.C	iling Address: nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Clifton Bu 2661 Exec	nt Section of Corporations

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.150 ange is submitted for a corporation organized unde er to change its registered office or registered agen	r the laws of the State of	·	his 	
	the corporation: ALOHA TOTAL HOME		ST CON	TROL	INC
	l office address: 16281 SW. 274TH STREET EAD, FL. 33031	-			
<del></del>	address (if different):				
4. Date of incor	poration/qualification: 01/05/2009 Doc	cument number:	P090000	01074	
	d street address of the current registered agent and r artment of State: (If resigned, enter resigned)	registered office on file v	with the	09	なの
	ANNETTE VIROK			يال	38
	16281 SW 274TH STREET			09 JUL 31	ARY
	HOMESTEAD, FL. 33031		<u>-</u>	PH 1: 3	THE PARTY OF
6. The name an (if changed):	d street address of the new registered agent (if chan 16281 SW 274TH STREET  HOMESTEAD, FL. 33031  P.O. Box NOT acceptable	ged) and /or registered o	office	: 31	02100 02100
The street addr	ress of its registered office and the street address of	of the business office of	its register	red agent	ţ <b>,</b>
Such change wanthorized by	as authorized by resolution duly adopted by its beine board, or the corporation has been notified in	oard of directors or by a writing of the change.	an officer s	o	
MIT	tt / ME	Annette Virok/Pi	resident		
I hereby accept further agree of my duties, a document is be corporation ha	It the appointment as registered agent and agree to comply with the provisions of all statutes relained to am familiar with and accept the obligation of filed merely to reflect a change in the register is been notified in writing of this change.	o act in this capacity. ive to the proper and c f my position as registe red office address, I hei	omplete per red agent. reby confiri	rformane Or, if th n that th	ce is e
Kal	uf ken	07/29/200	9		
	enaltre of Registered Agent whalf of an entity:	Date			
R	Richard Hernandez Typed or Printed Name				
	Typed of Chinesi Manie				

\* \* \* FILING FEE: \$35.00 \* \* \*