P09000029071

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)
Certified Copies	Cartificata	e of Status
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Special Instructions to Fili	ng Officer:	
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RAChange News 12-15-10

COVER LETTER

TO:	Amendment Section Division of Corporati	ons			
SUBJI	ЕСТ:	JLS Electrical S	Services, Inc Corporation		
DOCU	MENT NUMBER:	P09	000029071		
The en	closed Statement of Ch	ange of Registered Offic	ce/Agent and fee a	re submitted for fili	ing.
Please	return all corresponden	ce concerning this matte	er to the following:	:	
		Joselir	n Lopez ontact Person	*	
	· · · · · · · · · · · · · · · · · · ·	Name of Co	ontact Person	_	
			Services, Inc. ompany		
		rim/C	ompany		
		7775 SW 86TH	STREET F1-20)5	
			lress		
	P - 15				
		MIAMI, F	L, 33143 nd Zip Code		
		City/State a	nd Zip Code		
	•	jlselectricalserv	@bellsouth.net	,	
	E-mail ad	dress: (to be used for	future annual rep	ort notification)	
For fur	ther information conce	ming this matter, please	call:		
	Joselin I	onez	305	525.	7252
	Name of Conta		at (303 Area Code) 525- & Daytime Teleph	one Number
Enclos	ed is a \$35.00 check ma	ade payable to the Depar	tment of State.		
	<u>Maili</u> Ame	ng Address:	Street .	Address: Iment Section	
	Divis	ion of Corporations	Divisio	on of Corporation	s
		Box 6327		Building	O' 1
	Falla	hassee, FL 32314		Executive Center (assee, FL 32301	Circle
		TO THE STATE OF TH	i anan Li alam	asse, IL 32301	

CR2E045 (8/05)

TO:



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED
10 DEC 13 AM 8: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 1, 2010

JOSELIN LOPEZ JLS ELECTRICAL SERVICES, INC. 7775 SW 86TH STREET-F1-205 MIAMI, FL 33143

SUBJECT: JLS ELECTRICAL SERVICES, INC

Ref. Number: P09000029071

We have received your document for JLS ELECTRICAL SERVICES, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 910A00027874

where the property of the pro

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

statement of cha	inge is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	e of Florida	
	the corporation: JLS E		ices, Inc ET F1-205, MIAMI, FI	L, 3 3 143	
3. The mailing a	address (if different):				_
4. Date of incorp	poration/qualification:	03/31/2009	Document number:	P09000029071	
	I street address of the cur rtment of State: (If resign		at and registered office on fi	ile with the	
	Joselin Lopez				
	7775 SW 86TH ST	REET F1-205,	_		
	MIAMI, FL, 33143			7.00	
6. The name and (if changed):	l street address of the nev	w registered agent (i	f changed) and /or registere	ed office)	
	Jose Arencibia				
	120 Royal Palm Ro				,
	Hialeah, Florida, 33	P.O. Box NOT acc	ceptable	를 구 2 · · · · · · · · · · · · · · · · · ·	
The street addre	ess of its registered office		dress of the business office	of its registered agent,	
Such change was authorized by the	as authorized by resolutine board, or the corporat	ion duly adopted by tion has been notifi	y its board of directors or led in writing of the chang	by an officer so e.	
Signatur	ne of an officer or director		Joselin Lopez, Printed or typed name	President	
I hereby accept I further agree of my duties, an document is bei corporation has	we appointment as reg lo comply with the provi of I am familiar with an ing filed merely to reflect s been notified in writing	istered agent and a isions of all statute: d accept the obliga et a change in the re g of this change.	gree to act in this capacity s relative to the proper an tion of my position as regi egistered office address, I	d complete performance stered agent. Or, if this hereby confirm that the	
	<i>Y</i>		12/05	/10	
/	nature of Registered Agent		Date		
If signing on/be	Malf of an entity: Arencilo	io		•	
T	yped or Printed Name			•	

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