

P09000081187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

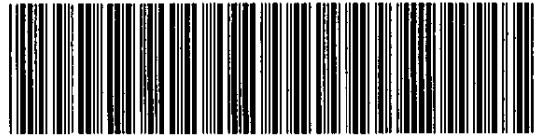
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

12/24/09--01006--008 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/29/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fusion Pro Cleaning Inc
Name of Corporation

DOCUMENT NUMBER: P09000081187

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerald Kloppe
Name of Contact Person

Fusion Pro Cleaning
Firm/Company

4095 State Road 7-L, Suite 289
Address

Wellington, Florida 33449
City/State and Zip Code

~~Fusion~~ Jerry@fusionprocleaning.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Kloppe at (561) 310-3028
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fusion Pro Cleaning, Inc.
2. The principal office address: 4095 State Rd 7-L, Suite 209
Wellington, Florida 33449
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/30/09 Document number: P09000081187

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Spiegel & Utrera, P.A.
1840 SW 22nd St, 4th
Miami, FL 33145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gerald Kloppe
4095 State Rd 7-L Suite 209
Wellington, Florida 33449

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Gerald Kloppe
Signature of an officer or director

Gerald Kloppe, member
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Gerald Kloppe
Signature of Registered Agent

12-15-09
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$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)

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2009 DEC 24 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA