

P100000013771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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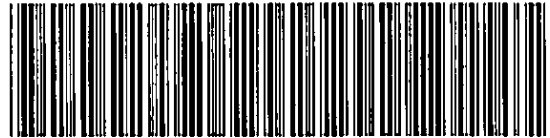
(Business Entity Name)

(Document Number)

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JUN 25 2018

ORIGINAL

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FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 JUN 25 PM 4 38

TO: Amendment Section
Division of Corporations

SUBJECT: SERVICES TO THE MAX, INC.
Name of Corporation

DOCUMENT NUMBER: P10000013771

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:

GLEENDA JONES

Name of Contact Person

SERVICES TO THE MAX, INC.

Firm/Company

10380 SW VILLAGE CENTER DRIVE #167

Address

PORT ST. LUCIE, FL 34987

City/State and Zip Code

services2dmax@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLEENDA JONES

Name of Contact Person

at (754) 204-8852

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SERVICES TO THE MAX, INC.
2. The principal office address: 10380 SW VILLAGE CENTER DRIVE #167
PORT SAINT LUCIE, FL 34987
3. The mailing address (if different): 10380 SW VILLAGE CENTER DRIVE #167
PORT SAINT LUCIE, FL 34987
4. Date of incorporation/qualification: 2/15/2010 Document number: P10000013771

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)

GLEND A JONES
4042 SW CHERIBON STREET
PORT SAINT LUCIE, FL 34953

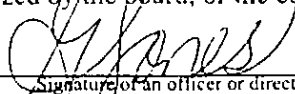
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GLEND A JONES
10380 SW VILLAGE CENTER DRIVE #167
P.O. Box NOT acceptable
PORT ST. LUCIE, FL 34987

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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.


Signature of an officer or director

GLEND A JONES, PRESIDENT

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.


Signature of Registered Agent

Date

If signing on behalf of an entity:

GLEND A JONES

Typed or Printed Name

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