Plocosin

| (Re | equestor's Name |) | |
|---|-------------------|--------------|--|
| (Address) | | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phor | ne #) | |
| PICK-UP | ☐ WAIT | Mail Mail | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificate | es of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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R. WHITE

COVER LETTER

| TO: | O: Amendment Section Division of Corporations | | | |
|---------|--|--|--|--|
| | A&J Painting of Miami Corp. | | | |
| SUBJ | ECT:Name of Corporation | | | |
| | P10000032107 | | | |
| DOC | UMENT NUMBER: | | | |
| The e | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please | return all correspondence concerning this matter to the following: | | | |
| | Chabeli Nodal | | | |
| | Name of Contact Person | | | |
| | A&J Painting of Miami Corp. | | | |
| | Firm/Company | | | |
| | 8761 SW 132nd St. | | | |
| Address | | | | |
| | Miami, Fl. 33176 | | | |
| | City/State and Zip Code | | | |
| | jnodal@ajpofmiami.com | | | |
| | E-mail address: (to be used for future annual report notification) | | | |
| For fu | rther information concerning this matter, please call: | | | |
| Chal | peli Nodal 305 969-8908 | | | |
| | Name of Contact Person at () Area Code & Daytime Telephone Number | | | |
| Enclo | sed is a \$35.00 check made payable to the Department of State. | | | |
| | Mailing Address: Amendment Section Street Address: Amendment Section | | | |
| | Division of Corporations Division of Corporations | | | |
| | P.O. Box 6327 Clifton Building | | | |
| | Tallahassee, FL 32314 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

| - · · • | BOTI | H FOR CORPORATIONS |
|--|--|--|
| statement of cha | nge is submitted for a corp | 0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration organized under the laws of the State of |
| 1. The name of | the corporation: | ting of Miami Corp. |
| | office address: | 132nd St. Miami, Fl. 33176 |
| 3. The mailing a | same |) |
| 4. Date of incorporation/qualification: | | Document number: P10000032107 |
| | d street address of the current of State: (If resigned | nt registered agent and registered office on file with the , enter resigned) |
| | 10320 SW 52 St. | |
| | Miami, Fl. 33165 | |
| 6. The name and (if changed): | d street address of the new r | registered agent (if changed) and /or registered office |
| | 8761 SW 132nd St. | P.O. Box NOT acceptable |
| | Miami, Fl. 33176 | P.O. Box NOT acceptable |
| The street addreas changed will | | and the street address of the business office of its registered agent, |
| Such change wanthorized by the | as authorized by resolution he board, or the corporation | duly adopted by its board of directors or by an officer so has been notified in writing of the change. |
| Chabeh | ire of an officer or director | Chabeli Nodal Printed or typed name and title |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registed to comply with the provision from familiary duties, and I am familiars document is being filed that the corporation has be | ered agent and agree to act in this capacity. Ons of all statutes relative to the proper and complete For with and accept the obligation of my position as registered The merely to reflect a change in the registered office address, I The een notified in writing of this change. |
| | mature of Registered Agent | 10/7/15 |
| | chalf of an entity: | . Date |
| | yped or Printed Name | |

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