

P100000053751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

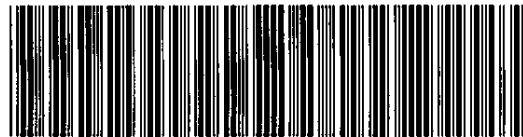
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 28 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change in Registered Agent
Name of Corporation

DOCUMENT NUMBER: P100000053751

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:

Kenneth Luao
Name of Contact Person

ACL Maintenance & Repair
Firm/Company

3961 NW 114th Ave.
Address

Coral Springs, FL 33065
City/State and Zip Code

dirtykendo@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Luao at (754) 245-4432
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: ACL Maintenance & Repair Inc.
2. The principal office address: 9881 NW 5th Court Plantation, FL
33324
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/28/10 Document number: P1000000 53751

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)

Deborah Harden
9881 NW 5th Ct
Plantation, FL 33324

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

Kenneth Lugo
3961 NW 114th Ave
P.O. Box NOT acceptable
Coral Springs, FL 33065

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.

Deborah Harden
Signature of an officer or director

Deborah Harden / Pres
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.

Kenneth Lugo
Signature of Registered Agent

10/22/10
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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