P10000005095

(Re	equestor's Name)			
(Ad	Idress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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03/15/12

COVER LETTER

Division	of Corporations			
SUBJECT:	ACCEL	PAOCESS Name of Corporation	SERVICE	_ Iv
DOCUMENT N	UMBER: P/000	00 65095		_
The enclosed Stat	ement of Change of Reg	gistered Office/Agent and	d fee are submitted for	filing.
Please return all c	orrespondence concerni	ng this matter to the foll	owing:	
	Dolor	Name of Contact Perso	ESCO n	_
	ACCEL	PROCESS Firm/Company	Service :	Inc
	11578	116 AVE N Address	Su. * A	-
	LARGO	FL 357	18 e	-
		Accel Proces		<u>1</u>)
For further inform	nation concerning this m	atter, please call:		
DoLores	+ EDESCO	at (7	27, 492 0	1651
Na	me of Contact Person	Area	a Code & Daytime Tele	phone Number
Enclosed is a \$35.	.00 check made payable	to the Department of St.	ate.	
	Mailing Address Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion 2 porations 1 . 32314	Street Address: Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

CR2E045 (8/05)

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.
1. The name of the corporation: ACCEL PROCESS SERVICE INC
1. The name of the corporation: ACCEL PROCESS SERVICE INC. 2. The principal office address: 11578 116 th AUEN APT A
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/9/10 Document number: P100000 65095
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 PA
SPIEGEL & WTRERA PA 1840 SW 22 ND ST MIAMI FL 33145 ###
MIAMI FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DOLORES TEDES CO 11578 1/6 th AUE N SLACA
DOLORES TEDES CO
11578 116th AUE N'SLITE A P.O. Box NOT acceptable
LARGO FL 33778
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 the officer or director Signature of the officer or director 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.
Dolares Jesesco
Signature of Registered Agent Date
If signing on behalf of an entity:
Dolores / Desco 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)