

P12000017025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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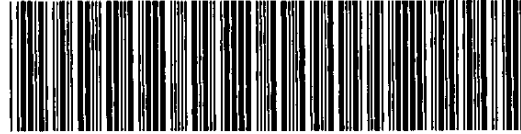
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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GARY
5-15-12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABOVE JANITORIAL SERVICES, INC
Name of Corporation

DOCUMENT NUMBER: P12000017025

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:

Juan Lorenzo
Name of Contact Person

ABOVE JANITORIAL SERVICES, INC
Firm/Company

18520 NW 67th Ave, Suite 364
Address

Miami, FL 33015
City/State and Zip Code

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

For further information concerning this matter, please call:

Juan Lorenzo at (954) 258-3454
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ABOVE JANITORIAL SERVICES, INC

2. The principal office address: 18520 NW 67th Ave, Suite 364, Miami FL 33015

3. The mailing address (if different): 18520 NW 67th Ave, Suite 364, Miami FL 33015

4. Date of incorporation/qualification: 02/20/2012 Document number: P12000017025

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)

Dora Restrepo

18520 NW 67th Ave, Suite 364

Miami FL 33015

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

Juan Lorenzo

18520 NW 67th Ave, Suite 364

P.O. Box NOT acceptable

Miami FL 33015

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

Juan Lorenzo President / CEO

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

May 4th, 2012

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)

FILED
2012 MAY 10 AM 8:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE