## P12000083225

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SECRETARY OF STATE

APR 0 9 2013
T. LEMIEUX

## **COVER LETTER**

SUBJECT: STELLOH SELVICES INSELVATIONAL COST.  Name of Corporation  DOCUMENT NUMBER: PLACEUS 3-225  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:  **EUNDER E. SANCS**  Name of Contact Person  **MINIMA - STEUCH SEAUCES IN. COR.*  Firm/Company    Of- 10 NW 6657. CASTING E. # 111  Address  **DOML - FLASTING E. # 111  Address  **DOML - FLASTING E. # 111  Address  **DOML - FLASTING E. # 111  **Address	Division of Corporations
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:     EURRY E. SANCS	SUBJECT: STELLOH SELVICES INTERNATIONAL COSA Name of Corporation
Please return all correspondence concerning this matter to the following:    EbUNDE E. SANCE     Name of Contact Person	DOCUMENT NUMBER: P1200083225
Ebund E. Saires  Name of Contact Person    Manual - Steuch Stauces Int. Cap. (B)     Firm/Company   101-10 NW 66 St. Captible E. £ 111     Address     Soul - Flori & 33/78     City/State and Zip Code     Myca 18 @ L. Smail, Low     E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:   Bund E. Smas   1752250     Name of Contact Person   Area Code & Daytime Telephone Number     Enclosed is a \$35.00 check made payable to the Department of State.    Mailing Address:   Street Address:	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Name of Contact Person    Manual - Steuch Shoulds Int Cool (As)	Please return all correspondence concerning this matter to the following:
Log-10 Not 66 St. CADTING E. \$111     Address     BOSH-FLOR'SA 33178     City/State and Zip Code     Alyca 98 @ Lof-mail, Low     E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:   Low E. Sartis   at (305 ) 1752250     Name of Contact Person   Area Code & Daytime Telephone Number     Enclosed is a \$35.00 check made payable to the Department of State.    Mailing Address:   Street Address:	Name of Contact Person
Address    Sugge Floring 33/76     City/State and Zip Code     Myther grade	Firm/Company STELLOY STOURES INT. CORP. (AS)
Sugar Floy's 33178   City/State and Zip Code   Alyca 98 @ Kofmail Come     E-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:   Line   E. Suras   at (305 ) 7752250     Name of Contact Person   Area Code & Daytime Telephone Number     Enclosed is a \$35.00 check made payable to the Department of State.     Mailing Address:   Street Address:	107-10 NW 66 ST. CASTIUD E. \$ 111
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Laure   La	Address
For further information concerning this matter, please call:    Line   Employ   E. Santas   at (305 ) 1752.250     Name of Contact Person   Area Code & Daytime Telephone Number     Enclosed is a \$35.00 check made payable to the Department of State.    Mailing Address:   Street Address:	SUBAL - FLUDI'SA 33178  City/State and Zip Code
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Supply F. Santas   at (305) 7752250     Name of Contact Person   Area Code & Daytime Telephone Number	E-mail address: (to be used for future annual report notification)
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Mailing Address: Street Address:	Name of Contact Person Area Code & Daytime Telephone Number
Mailing Address: Street Address:	Enclosed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address:
Amendment Section Amendment Section	Amendment Section Amendment Section
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	· · · · · · · · · · · · · · · · · · ·

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

## 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 <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: STELLOH SERVICES INTERNATIONAL CERP.	
2. The principal office address: 107-10 NW-6651. COOTIUS E. \$144	
DOON- FLOOISA 33178	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10-02-2012 Document number: P1200083225	
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)	
Florida Department of State: (If resigned, enter resigned)  RESITANES: SILVAS FINALIAL SANICES LLC.	
52-205, UNIVERSITY DR. SUITE C-102	ī
·	ī
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	•
EDVISED E. SANTOS (PS.). NEW AEGISTERED AGENT.	
107-10 NOW 66 ST. CAPTILD E \$ 111	
P.O. Box NOT acceptable  DIDSL FLO2/B4 33178	
10001- FLO21BA 231.78.	
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.	
MIBUM EDIDOR E. SANTOS (PS)	
Signature of an officer of 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.	
3/30/2013.	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
EBURDA E. SANTES	
Typed or Printed Name	

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