P13000076751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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SEP 15 2015
C LEWIS

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** Phill's Maintenance Inc
Name of Corporation

**DOCUMENT NUMBER:** P13000076751

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:

Filander Luna
Name of Contact Person

Phill's maintenance Inc
Firm/Company

4762 Cole St
Address

W.P.B FL 33417
City/State and Zip Code

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

For further information concerning this matter, please call:

Filander Luna at (561) 6444741
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

CR2E045 (03/12)

**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: Phill's maintenance Inc.
2. The principal office address: 4762 Cole St W.P.B Florida 33417
3. The mailing address (if different): 4762 Cole St W.PB Florida 33417
4. Date of incorporation/qualification: _____ Document number: P13000076451
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)

Filander Luna
4762 Cole St W.P.B
Florida, 33417.

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

Filander Luna
4762 Cole St W.P.B.
P.O. Box NOT acceptable
Florida, 33417.

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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

Filander Luna. V.P.
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.*

(Same)
Signature of Registered Agent

Date

If signing on behalf of an entity:

Filander Luna.
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 (02/12)