

P14000070531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

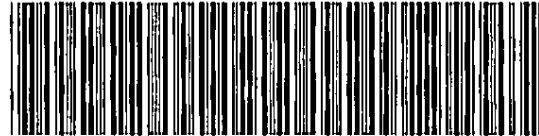
(Business Entity Name)

(Document Number)

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02/08/19--01015--006 **70.00

TALLAHASSEE, FLORIDA

2019 FEB 25 A 11:55

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01/26/19 CS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2019

ANGELICA AZCARATE
2701 RAMBLING OAKS WAY
KISSIMMEE, FL 34746

SUBJECT: CHOLMES SERVICES INC
Ref. Number: P14000070531

FILED
2019 FEB 25 A 11:55
TALLAHASSEE, FLORIDA

We have received your document for CHOLMES SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please write new address on #6 of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 119A00003357

2019 FEB 25 PM 12:03

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cholmes services inc
Name of Corporation

DOCUMENT NUMBER: P14000070531

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:

Angelica Azcarate
Name of Contact Person

Cholmes Services Inc
Firm/Company

2701 Rambling oaks way
Address

Kissimmee, FL 34746
City/State and Zip Code

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

For further information concerning this matter, please call:

Angelica Azcarate at 305 431-8535
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

TALLAHASSEE, FLORIDA

2019 FEB 25 A 11:53

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**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: Cholmes services Inc
2. The principal office address: 2701 Rambling Oaks Way Kissimmee FL 34746
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/26/2017 Document number: P14000070531

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)

2701 Rambling Oaks way Kissimmee FL 34746

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

2701 Rambling Oaks way Kissimmee
FL 34746

P.O. Box NOT acceptable

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

President Carlos H. Azcarate
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

2/6/2018

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 (03/12)