P15000009459

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer: This corporation had a provide to Change The print Address to: All site Mounter 214 Hickman Sanford, Fr	rapial namee The Dr.
	85



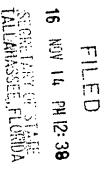


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P/A-CH



COVER LETTER

Name of Contact Person at (407) 5(9-0003

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)

TO:

Amendment Section Division of Corporations

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 talement 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.
	. The name of the corporation: All Site Maintenance Inc
2 m	. The principal office address: 214 Hickman Dr.
	Santord Fl 32-771
3	The mailing address (if different): 130 Fernussod Bld. Box#300484
4	. Date of incorporation/qualification: 112815 Document number: P1500009459
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)
	Tam Belle-Withy
	1520 Carlton ST.
	Long 2000 Fl 32750
6	. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
	Tem Belle- Witty All site Maintenance Inc
	214 Highman Dr. P.O. Box NOT acceptable
	Santord Fl 32-77!
T as	the street address of its registered office and the street address of the business office of its registered agent, is changed will be identical.
S	uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
/_	Signature of an officer or director Printed or typed name and title Witty, PD
l l p a h	hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I ereby confirm that the corporation has been notified in writing of this change.
	11/9/16
	Signature of Registered Agent Date
· If	signing on behalf of an entity:
_	Typed or Printed Name
	*** FILING FEE: \$35.00 * **
C	Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 R2E045 (03/12)