

P15000011895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

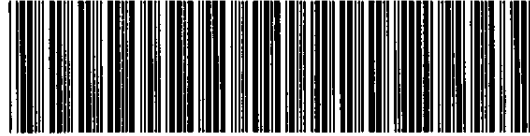
(Business Entity Name)

(Document Number)

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STATE OF ARIZONA
DIVISION OF REVENUE
15 MAY -5 PM 2:22

CL
5-14-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Spark's Services of Lake County
Name of Corporation

DOCUMENT NUMBER: P15000011895

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:

Pablo Rodriguez
Name of Contact Person

Firm/Company

37122 S Fishcamp Road
Address

Grand Island Florida 32735
City/State and Zip Code

mrodri19122@embarqmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Rodriguez at (352) 504-6040
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: Spark's Services of Lake County Inc

2. The principal office address: 37122 S Fishcamp Road Grand Island Florida 32735

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 01/30/2015 01/30/2015 Document number: P15000011895

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)

Ramon Perez
16950 N Bay Road # 2209, Sunny Isles Beach Fl 33160

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

Pablo Rodriguez
37122 S Fishcamp Road
Grand Island Florida 32735
P.O. Box NOT acceptable

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STATE DEPT OF CORP DIVISION

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.

Pablo Rodriguez Signature of an officer or director
Pablo Rodriguez - President 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.

Pablo Rodriguez Signature of Registered Agent
4/30/15 Date

If signing on behalf of an entity:
Typed or Printed Name

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