

P1500061163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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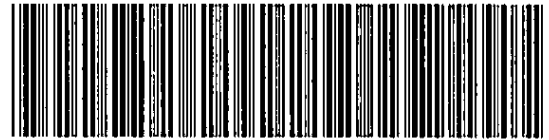
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1ST All American SERVICES INC
Name of Corporation

DOCUMENT NUMBER: P1500061163

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:

Ivan Abolafia
Name of Contact Person

1ST All American SERVICES INC
Firm/Company

15339 LEE RD
Address

Groveland FL 34736
City/State and Zip Code

Ivan - All American SERVICES @ Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: 352-557-4776

Ivan Abolafia at (954) 658-8095
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 OF
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 1ST ALL AMERICAN SERVICES
2. The principal office address: 15339 LEE RD Groveland FL
34736
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7-17-2015 Document number: P1500061163

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)

Kevin Niemcewicz
122 NE 32ND ST UNIT F
OAKLAND PARK FL 33334

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

ALBERT ABOLAFIA
15339 LEE RD Groveland
P.O. Box NOT acceptable
FL 34736

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.

Ivan Abolafia
Signature of an officer or director

Ivan Abolafia
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.

Albert Abolafia
Signature of Registered Agent

6/8/19
Date

If signing on behalf of an entity:

Alberta Abolafia
Typed or Printed Name

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