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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ACE CLEAN MULTISERVICES INC

Name of Corporation

DOCUMENT NUMBER

P16000005715

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:

ANDREA GONZALEZ

Name of Contact Person

ACE CLEAN MULTISERVICES INC

Firm/Company

3211 JACKSON GREY RD

Address

KISSIMMEE, FL 34746

City/State and Zip Code

ANDREACELENEG@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA GONZALEZ

.321

746-0108

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

statement of change is submitted for a co	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this orporation organized under the laws of the State of FLORIDA
	d office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ACE (CLEAN MULTISERVICES INC
.2. The principal office address: 3211	JACKSON GREY RD, KISSIMMEE FL 34746
3. The mailing address (if different):	
4. Date of incorporation/qualification:	01/15/2016 Document number: P16000005715
5. The name and street address of the cu Florida Department of State: (If resign	rrent registered agent and registered office on file with the ned, enter resigned)
RESIGNED	
	
6. The name and street address of the ne (if changed):	w registered agent (if changed) and /or registered office
MARIA ARGUET	TA S
1300 MILL CREC	CK PL
	P.O. Box NOT acceptable
KISSIMMEE FL	34744 5 3
The street address of its registered office as changed will be identical.	ce and the street address of the business office of its registered agent,
	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.
adura o	ANDREA GONZALEZ, CEO
Signature of an officer or director	Printed or typed name and title
I hereby accept the appointment as reg I further agree to comply with the prov performance of my duties, and I am fan agent. Or, if this document is being file hereby confirm that the corporation ha	istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete niliar with and accept the obligation of my position as registered ed merely to reflect a change in the registered office address, I s been notified in writing of this change.
0	10/13/2016
Signature of Registered Agent	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