

P16DDDD58624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

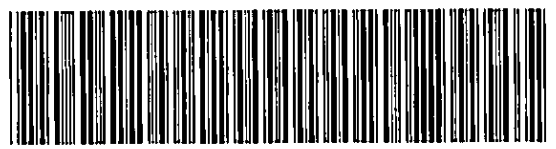
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 28 2018

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pro choice Remediation inc
Name of Corporation

DOCUMENT NUMBER: P16000058624

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:

Sharmeen Sanchez
Name of Contact Person

Pro choice Remediation
Firm/Company

P.O. Box 782254
Address

Orlando FL 32878
City/State and Zip Code

Procr4u@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharmeen Sanchez at (407) 680 5562
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: Pro Choice Remediation INC
2. The principal office address: 14506 hertha avenue
Orlando Florida 32826
3. The mailing address (if different): P.O. Box 782254
Orlando FL 32878
4. Date of incorporation/qualification: 7-11-2016 Document number: P16000055624
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)

Abdel MAjid ZAid
325 Ashford Drive
Davenport FL 33837

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

VICTOR MATOS
1737 CornerView LN.
ORLANDO FL 32820

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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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.

AA
Signature of an officer or director

Sharmeen Sanchez
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.

AA
Signature of Registered Agent

6/14/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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