

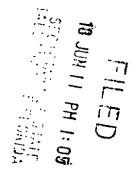
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(acts)

JUN 1 2 2018

COVER LETTER

TO: Amendment Section Division of Corporations					
LA DOORS SERVICES AND REPAIRS INC					
Name of Corporation					
DOCUMENT NUMBER: P17000028042					
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:					
JONATHAN TOSADO ALVARADO					
Name of Contact Person					
LA DOORS SERVICES AND REPAIRS INC					
Firm/Company					
5 STIRRUP CT					
Address					
KISSIMMEE FL 34743					
City/State and Zip Code					
epaprof@msn.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
JONATHAN TOSADO ALVARADO Name of Contact Person Name of Contact Person at (407) 9438990 Area Code & Daytime Telephone Number					
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 Street Address: Amendment Section					

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida ganized under the laws of the State of gistered agent, or both, in the State of I	FLORIDA	
1. The name of	the corporation: LA DOORS SE	RVICES AND REPAIRS IN	ИC	
	office address: 5 STIRRUP CT			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 03/27/201	7Document number: P170	2006 J&	54
	d street address of the current register runent of State: (If resigned, enter res	ed agent and registered office on file wigned)	rith the	
	LUIS A TOSADO			
	5 STIRRUP CT KISSIMM	IEE FL 34743		
	RESIGNED		<u> </u>	
6. The name and (if changed):	d street address of the new registered EPA PROFESSIONAL SI	agent (if changed) and /or registered of	=	
	2649 GOLD DUST CIR		PH 1: 08	O
		NOT acceptable		
	KISSIMMEE FL 34744			
The street address changed will	ess of its registered office and the str	eet address of the business office of it	ts registered agen	ıt,
		pted by its board of directors or by an inotified in writing of the change.		
Qui	1.000	JONATHAN TOSADO ALV		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to that the corporation has been notific	Printed or typed name and the statutes relative to the proper and control of the proper and the proper an		
tola	rusell-	06/04/2018		
_	nature of Registered Agent	Date		
	chalf of an entity:			
VIELKA PO	JLANCO Typed or Printed Name			
	•	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)