

P17000059803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

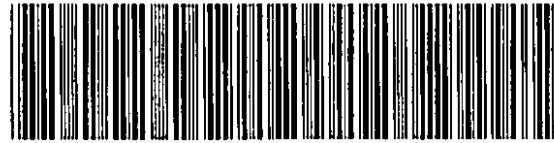
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300307823193

01/22/18 -01010--026 \*\*35.00

2018 JAN 22 PM 3:17

C GOLDEN

JAN 23 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AFFILIATED Support Services, Corp  
Name of Corporation

DOCUMENT NUMBER: P17000059803

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:

Shawn Nies  
Name of Contact Person

AFFILIATED Support Services, Corp  
Firm/Company

5337 N Socrum Lp Rd, #453  
Address

Lakeland, FL 33809  
City/State and Zip Code

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

For further information concerning this matter, please call:

Shawn Nies at ( 305 ) 890 1982  
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: AFFILIATED SUPPORT SERVICES, CORP
2. The principal office address: 5337 N SACRAM Lp Rd #453  
Lakeland, FL 33809
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/13/2017 Document number: P17000059803
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)  
Shawn Nies  
1126 S Federal Hwy Suite 308  
Fort Lauderdale, FL 33316
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Shawn Nies  
5337 N Sacramento Lp Rd #453  
P.O. Box NOT acceptable  
Lakeland, FL 33809

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.

[Signature]  
Signature of an officer or director

Shawn Nies, 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.*

[Signature]  
Signature of Registered Agent

1/17/2018  
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  
CR2E045 (03/12)

2018 JAN 22 PM 3:17

FILED