

P 17000089500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

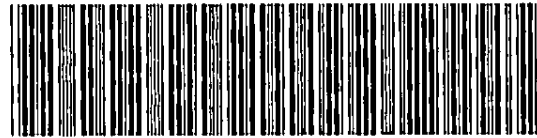
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 NOV 20 PM 12:02

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C. GOLDEN

NOV 21 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RH INSTALLATION SERVICES, INC
Name of Corporation

DOCUMENT NUMBER: P17000089500

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:

REYNALDO HERNANDEZ

Name of Contact Person

RH INSTALLATION SERVICES, INC

Firm/Company

495 4TH AVE

Address

LABELLE, FL 33935

City/State and Zip Code

ReyHernandez3316@yahoo.com

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

For further information concerning this matter, please call:

REYNALDO HERNANDEZ

Name of Contact Person

at (863) 517 4369

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RH INSTALLATION SERVICES, INC
2. The principal office address: 495 4TH AVE LABELLE, FL 33935

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/07/2017 Document number: P17000089500

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)

REY HERNANDEZ

495 4TH AVE LABELLE, FL 33935

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

REYNALDO HERNANDEZ

495 4TH AVE LABELLE, FL 33935

P.O. Box NOT acceptable

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.

Reynaldo Hernandez
Signature of an officer or director

Reynaldo Hernandez (President)
Printed or typed name and title
(Registered Agent)

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.

Reynaldo Hernandez
Signature of Registered Agent

11/17/17
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)

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