P18000011241

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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2018 OCT 15 PM I2: 47

C. GOLDEN 0CT 22 2018

COVER LETTER

	dment Section on of Corporations					
SUBJECT:	ON TIME GENERAL	SERVICES, INC.				
	Name of Co	prporation				
DOCUMENT	NUMBER: <u>P18000071241</u>					
The enclosed S	Statement of Change of Registered Office	Agent and fee are submitted for filing.				
Please return a	Il correspondence concerning this matter	to the following:				
	GERMAN GOMEZ					
Name of Contact Person						
ON TIME GENERAL SERVICES, INC.						
	Firm/Co	mpany				
	661 W 60 ST					
	Addr	ess				
	HIALEAH, FL 33012					
City/State and Zip Code						
	GGOMEZBUENO777@GMAIL	.сом				
	E-mail address: (to be used for fu	ture annual report notification)				
For further info	ormation concerning this matter, please c	ali:				
G	ERMAN GOMEZ	at (787) (20 2257				
·· · · · · · · · · · · · · · · · · ·	Name of Contact Person	at (787) 420–3257 Area Code & Daytime Telephone Number				
Enclosed is a \$	35.00 check made payable to the Departi	ment of State.				
	Mailing Address:	Street Address:				
	Amendment Section Division of Corporations	Amendment Section Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of char	nge is submitted for a c	corporation organiz	607.1508, or 617.1508, sed under the laws of the sed agent, or both, in the s	State of FLORIDA
1. The name of t	he corporation:	ON TIME GENERA	AL SERVICES, INC.	
2. The principal office address:		661 W 60 ST		
		HIALEAH, FL 3	3012	
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification:	08-20-2018	Document number:	P18000071241
	street address of the c tment of State: (If resig		ent and registered office of	on file with the
	ALBA GOMEZ	 		~
	661 W 60 ST			
	HIALEAH, FL	33012		2018 OCT 1 SECHTAP
6. The name and (if changed):	street address of the n		(if changed) and /or regis	stered office, FL ASSEE, FL ASSEE, FL
661 W 60 ST				
	HIALEAH, FL	P.O. Box NOT ac 33012	ceptable	
The street address changed will	ss of its registered offi be identical.	ice and the street ad	dress of the business off	fice of its registered agent,
Such change was authorized by the	s authorized by resolu e board, or the corpora	tion duly adopted by ation has been notif	y its board of directors of ied in writing of the char	or by an officer so nge.
W	ba Gomen	/	ALBA GOMEZ/PRES	IDENT
C	e of an officer or director		Printed or typed na	
I hereby accept I further agree to performance of agent. Or, if this hereby canfilm	the appointment as reso comply with the promy duties, and I am fast document is being fithat the corporation he	gistered agent and a visions of all statute miliar with and acc led merely to reflect as been notified in v	ngree to act in this capac is relative to the proper i ept the obligation of my ta change in the register writing of this change.	city, and complete position as registered red office address, I
Signature of Registered Agent			10-03-2018	
If signing on bel	nalf of an entity:		Date	
Ty	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)