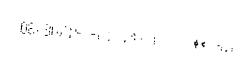
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Angel Landscaping Service Name of Corporation	SINC	
Name of Corporatio	n	
DOCUMENT NUMBER: P190000 38621		
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Gisela Pinela Name of Contact Pers		
Name of Contact Pers	son	
1 and sec Dine		
Land Scaping Firm/Company		
1312 Mill Slagn Rd Address		
V Address		
Kissimmer, FL 34744		
City/State and Zip Code		
Gisal O a		
Gisela Pinela e Jahov. Com E-mail address: (to be used for future annual report notification)		
12-mail address. (to be dised for future and	nual report normeation)	
For further information concerning this matter, please call:		
Gisele Pirele at (407) 676 - 6779 Name of Contact Person Area Code & Daytime Telephone Number		
Name of Contact Person Ar	ea Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of	State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
rananassee, rt. 52514	Tallahassae El 32301	



September 10, 2019

GISELA PINELA 1312 MILL SLOUGH RD KISSIMMEE, FL 34744

SUBJECT: ANGEL LANDSCAPING SERVICES INC

Ref. Number: P19000038621

We have received your document for ANGEL LANDSCAPING SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and street address of the new registered agent must be included in section 6.

Please return your document, along with a copy of this letter, within 60 days on your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 819A00018682

. 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: Angel Landscaping Services INC.
2. The principal office address: 1312 Mill slough Rd Kissimmee, FL 34744
Kissimmee, FL 34744
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number: 719000 3867 [
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)
Gisela Pinela
•
1312 Mill Slough Rd Kissimmee, FL 34744
NIW MARE, FE 01111
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Gisela Pirela
13/2 Mill Slough Rd P.O. Box NOT acceptable Kissimmee, PL 34744
P.O. Box NOT acceptable
KISSIMMAE, FL 34744
The street address of its registered office and the street address of the business office of its registered agen 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 of an officer or director 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.
Gisek Preh 8/13/19
Signature of Registered Agent Date
If signing on behalf of an entity:
Gisela Pinela
Fyped or Printed Name

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