

P19000 050 133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

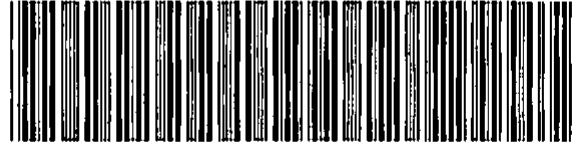
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300333648343

08/26/19--01320 --025 \*\*35.00

S TAILFNT

SEP 10 2019

FILED  
2019 AUG 26 PM 2:35  
STATE

R/A-CH

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL START SERVICING WEST INC

Name of Corporation

**DOCUMENT NUMBER:** P19000050133

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:

ANDRES BELEN

Name of Contact Person

ALL STAR SERVICING WEST INC

Firm/Company

1180 8TH AVENUE WEST SUITE 207

Address

PALMETTO, FL 34221

City/State and Zip Code

allstarservicingwest@gmail.com ✓

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

For further information concerning this matter, please call:

ANDRES BELEN

Name of Contact Person

at ( 305 ) 910-1563

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: ALL STAR SERVING WEST INC
2. The principal office address: 1180 8TH AVENUE WEST SUITE 207  
PALMETTO, FL 34221
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/11/2019 Document number: P19000050133

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)

ANDRES BELEN

2215 15TH AVENUE EAST

PALMETTO, FL 34221

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

ANDRES BELEN

1180 8TH AVENUE WEST SUITE 207

P.O. Box NOT acceptable

PALMETTO, FL 34221

FILED  
2019 AUG 26 PM 2:34  
SECRET

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 of an officer or director

ANDRES BELEN      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 of Registered Agent

08/20/2019

\_\_\_\_\_  
Date

If signing on behalf of an entity:

ANDRES BELEN

\_\_\_\_\_  
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)