P2000000 1220

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: AND Industrial Supply Inc. Name of Corporation
DOCUMENT NUMBER: <u>P20000001220</u>
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:
Name of Contact Person ANL Industrial Supply Inc. Firm/Company 12601 SW 13th ST. #206 G Address Pembroke Pines /FL / 33027 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 910 - 52 44 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

CR2E045 (04/13)

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 statement of change is submitted for a corporation organized under the laws of the State of <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.	ida	
1. The name of the corporation: ANL Industrial Supply Inc.		
2. The principal office address: 12001 SW 13th Street 206 G		
Pembroke Pines, FL 3302 7		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 01/01/2020 Document number: P200000	1136	20
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)		
US Tax & Fancial Services LLC	2	<u></u>
13170 SW 128" Street 202	2020 MAR	¥olst ¥olst
Miami, FL 33186	R 0	0770 1740 1441
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	PM 2: 04	45.00 4.00 0.30 0.30 0.30
AMILCAR FRANCISCO ZARZA DORREGO	40	Æ
12601 SW 137H ST APT 206 G P.O. Box NOT acceptable		
PENBROKE PINES FL 33027.		
The street address of its registered office and the street address of the business office of its regis as changed will be identical.	tered a	igent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.	r so	
Signature of an officer or director AMILIAN FRANCISCO ZAREA 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 point of my duties, and I am familiar with and accept the obligation of my position as registered agent document is being filed merely to reflect a change in the registered office address. I hereby conformation has been notified in writing of this change.	verfori 1. Or firm th	mance if this at the
If signing on behalf of an entity:		
ANILCAR FRANCISCO ZARCA DORREGO - 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 (04/13)