P21000047655

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consider the transfer of the Constant of the C				
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: PROFESSIONAL AIRCRAFT CLEANING SE	ERVICES INC
Name of Corporation	
DOCUMENT NUMBER: P21000047655	
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Yoniaikis Machado	
Name of Contact Person	
Zenith Accounting Corp	
Firm/Company	
18965 Nw 62 Ave apt 101	
Address	
Hialeah,33105	
City/State and Zip Code	
info@zenithaccountingservices.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please of	call:
Yoniaikis Machado	at (305) 213-3754 Area Code & Daytime Telephone Number
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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org ir to change its registered office or regi	anized under the laws of the	State of Florida	
1. The name of	the corporation: PROFESSIONAL AIR	CRAFT CLEANING SERVIC	CES INC	
1. The name of the corporation: PROFESSIONAL AIRCRAFT CLEANING SERVICES INC 2. The principal office address: 6721 ROYAL MELBOURNE DR HIALEAH, FL 33015				
3. The mailing a	address (if different):			
	poration/qualification: 05/20/2021			
	d street address of the current registered rement of State: (If resigned, enter resigned)		on file with the	
	Yoniaikis Gonzalez			
	6721 ROYAL MELBOURNE DR HIA	LEAH, FL 33015	<u> </u>	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or reg	istered office	
	Darien Albalat		202	
	6721 ROYAL MELBOURNE DR HIA	LEAH, FL 33015		
		Box NOT acceptable	7-2	
The street addr	ess of its registered office and the stre l be identical.	eet address of the business of	office of its registered agout,	
Such change wanthorized by t	as authorized by resolution duly adop he board, or the corporation has been	ited by its board of directors notified in writing of the ch	s or by an officer so	
	/////	Yoniaikis Gonzalez ?		
7	tile appointment as registered agent to comply with the provisions of all soll I am familian with and accept the cing filed merely to reflect a change in sheen notified in writing of this chan	d a to and in this con	d name and title pacity. For and complete performance registered agent. Or, if this ss, I hereby confirm that the	
	(hat)	05/23/2021		
Sı	gnature Of Hegistered Agent	Do	nte	
If signing on b	elfalf of an entity:			
Yoniaikis Mach	ado Gonzalez	•		
	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)