forida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

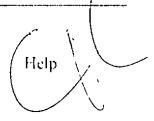
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REGISTERED AGENT CHANGE FIVE STAR MAINTENANCE & LOCKSMITH INC

Certificate of Status	i i
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Page Count	01
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



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

	•		2, 607,1508, or 617,1508, Floria ized under the laws of the State o		
in orde	r to change its registe	red office or registe	red agent, or both, in the State o	of Florida.	
I. The name of	the corporation: FIVE	STAR MAINTENA	NCE & LOCKSMITH INC		
2. The principal 9106 BAY POIN	office address: NT CIRCLE, WEST PA	LM BEACH, FL 33-	111		
3. The mailing a	iddress (if different): _				
4. Date of incorp	poration/qualification;	04/04/2023	Document number: P23000027337		
	d street address of the criment of State: (If resi		gent and registered office on file	with the	
	BRIAN BENEDETTO)		್ಟ್ರ	
	9106 BAY POINT CI			50	
	WEST PALM BEACH	I Et 22161		15 R	
6. The name and (if changed):	I street address of the t		t (if changed) and /or registered	ANII: 08 ASSEE, FL	
	JAMES F NARELL,	СРА		AFE OB	
	777 S FEDERAL HIG	HWAY, UNIT F 10	2		
	POMPANO BEACH,	PO Box	NOT acceptable	••••	
					
The street address changed will	ess of its registered of be identical.	fice and the street a	ddress of the business office of	its registered agent,	
Such change wa authorized by th	is authorized by resolute board, or the corporate	ution duly adopted ration has been not	by its board of directors or by a ified in writing of the change.	in officer so	
/S/ BRIAN	BENEDETTO		BRIAN BENEDETTO, PRESIDENT		
••	re of an officer or director		Printed or typed name and	i mie	
I further agree t of my duties, an document is bei	the appointment as re to comply with the pro d I am familiar with a ng filed merely to refl been notified in writ	wisions of all statu and accept the oblig ect a change in the	l agree to act in this capacity, tes relative to the proper and ca auton of my position as registe, registered office address, I her	omplete performance red agent. Or, if this why confirm that the	
/S/ JAMES F	F. NARELL, CPA		8/14/2023		
Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Ť	ped or Printed Name				