

P95000032151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

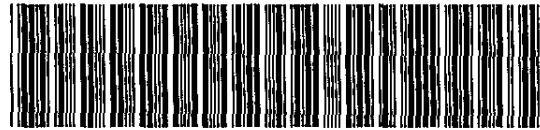
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Black Tie Janitorial Services, INC.
(Name of Corporation)

DOCUMENT NUMBER: PS000032151

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:

Simona Fletcher
(Name of Contact Person)

Black Tie Janitorial Services, INC
(Firm/Company)

P.O. Box 13
(Address)

Safety Harbor FL. 34695
(City/State and Zip Code)

For further information concerning this matter, please call:

Simona Fletcher at (727) 475-0609
(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

**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 FL. in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Black Tie Janitorial Services, INC.
2. The principal office address: 950 Harbor Lake Dr.
Safety Harbor FL 34695
3. The mailing address (if different): P.O. BOX 13
Safety Harbor FL 34695
4. Date of incorporation/qualification: 5-1-96 Document number: P 95000032151
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kelley Brickfield
3088 Hillside Lane
Safety Harbor FL 34695

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

Simona Fletcher
1232 Missouri Ave
(P.O. Box NOT acceptable)
Clearwater FL 33756

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.

Simona Fletcher
(Signature of an officer or director)

Simona Fletcher
(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.

Simona Fletcher
(Signature of Registered Agent)

2/13/06
(Date)

If signing on behalf of an entity:

Simona Fletcher
(Typed or Printed Name)

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

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