

P95000094996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

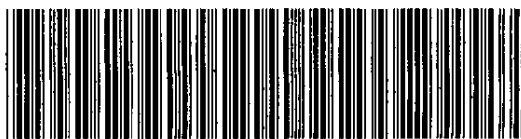
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100158455701

07/16/09--01014--003 \*\*35.00

PA chy

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG -7 PM 1:27

7 Roberts AUG 20 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2009

ANGELA MARIA ARRIOLA  
2398 W. OAK RIDGE RD  
ORLANDO, FL 32809

SUBJECT: MICHELLE 'M CLEANERS, INC.  
Ref. Number: P95000094996

We have received your document for MICHELLE 'M CLEANERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please correct block #4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 109A00024952

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MICHELLE 'M CLEANER, INC  
Name of Corporation

**DOCUMENT NUMBER:** P95000094996

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:

ANGELA MARIA ARRIOLA  
Name of Contact Person

Firm/Company

2398 W. OAK RIDGE RD.  
Address

ORLANDO FL 32809  
City/State and Zip Code

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

For further information concerning this matter, please call:

ANGELA MARIA ARRIOLA at ( 407 ) 924-0861  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MICHELLE 'M' CLEANERS, INC.
2. The principal office address: 2398 W OAK RIDGE RD. ORLANDO FL 32809
3. The mailing address (if different): 2398 W OAK RIDGE RD. ORLANDO FL 32809
4. Date of Incorporation/qualification: 12-14-95 Document number: P95000094996
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)

Roberto Medina

2398 W. OAK RIDGE RD. ORLANDO FL 32809

RESIGNED

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

ANGELA MARIA ARRIOLA

2398 W OAK RIDGE RD ORLANDO FL 32809

P.O. Box NOT acceptable

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]  
Signature of an officer or director

Angela Arriola 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 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]  
Signature of Registered Agent

07/10/07  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 AUG - 7 PM 1:27