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(Requestor's Name)				
(Add	dress)			
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
	•			
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to F	-iling Oπicer:			
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TARY OF STATE AASSEE, FLORIDA

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COVER LETTER

Division of	Corporations			
SUBJECT:	AFTER FIVE SE (Name of Corp	ERVICES, INC.		
	(Name of Corp	oration)		
DOCUMENT NU	MBER:			
The enclosed States	ment of Change of Registered Office/A	gent and fee are submitted for filing.		
Please return all co	rrespondence concerning this matter to	the following:		
	And the same of th			
(Name of Contact Person)				
	(Name of Conta	oct ersony		
	LENEW EINE GENVICES	INC		
	AFTER FIVE GENVIUES (Firm/Com	pany)		
	PU 130X 1255 (Addres			
	(Addres	s)		
		:		
	LOXAHATCHEE, PC. (City/State and	33470 Zin Code)		
For further information concerning this matter, please call:				
IBA STEINE	BERG:	at (561) 667 2458 (Area Code & Daytime Telephone Number)		
(Na	me of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.0	00 check made payable to the Departme	ent of State.		
	Mailing Address:	Street Address: Amendment Section		
	Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
	•	Tallahassee, FL 32301		

TO:

Amendment Section

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

statement of change is submitted for a co	07.0502, 617.0502, 607.1508, or 617.1508, Florida Sta orporation organized under the laws of the State of d office or registered agent, or both, in the State of Flo	FLORIDA		
The name of the corporation:	AFTER FIVE SERVICES TIC			
2. The principal office address:	PAUT SPENSS, PL 33461-2	2137		
3. The mailing address (if different):				
4. Date of incorporation/qualification:	2 15 96 Document number: 19960	00015354		
5. The name and street address of the cu Florida Department of State:	rrent registered agent and registered office on file with	the		
ELLIOT F	RANKLIN			
	H CONTRESS AVENUE			
LAKE WOR	th, PL 33461			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): STEVE ZIMMERIAN ZIMMERIAN, MICELLI				
	HUAUTIL BLUD. Box NOT acceptable)	PM 3: 5		
POMPAND BEAC	H, PL 33060			
The street address of its registered office as changed will be identical.	ce and the street address of the business office of its n	egistered agent,		
I hereby accept the appointment as reg. I further agree to comply with the provinger formance of my duties, and I am fan	ion duly adopted by its board of directors or by an officion has been notified in writing of the change. IRA HATTHEM STEINER (Printed or typed name and title) istered agent and agree to act in this capacity, isions of all statutes relative to the proper and completions of all statutes relative to the proper and completely with and accept the obligation of my position as ad merely to reflect a change in the registered office as been notified in writing of this change.	ele		
(Signature of Registered Agent) If signing on behalf of an entity: (Typed or Printed Name)	3-1-07 (Date)			

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