

P96000015354

(Requestor's Name)

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(City/State/Zip/Phone #)

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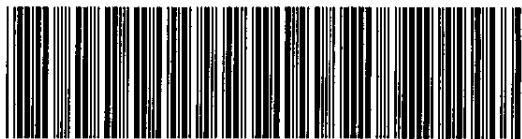
(Business Entity Name)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: AFTER FIVE SERVICES, INC.  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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:

IRA STEINBERG.

(Name of Contact Person)

AFTER FIVE SERVICES INC.

(Firm/Company)

PO BOX 1255

(Address)

LOXAHATCHEE, FL 33470

(City/State and Zip Code)

For further information concerning this matter, please call:

IRA STEINBERG.

(Name of Contact Person)

at ( 561 ) 667 2458

(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

