## P96000037919

(Re	questor's Name)	
(Ad	dress)	
(ΔΔ)	dress)	
(/ (3	a,000)	
(Cit	y/State/Zip/Phone	e #)
	<b>—</b>	<b>—</b>
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
·	·	·
	cument Number)	
. (D0)	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to I	Eiling Officer:	
Special instructions to i	-ming Officer.	
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Office Use Only



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SECRETARY OF STATE

LIAHASSEE FLORE.

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: ALTON ROAD SUPREME SERV (Name of	Corporation)	
DOCUMENT NUMBER: P96000037919	•	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
David F. Hannan, Esq.		
(Name of Contact Person)		
(Firm/	Company)	
7301 NW 4th Street, Su	ite 102	
	ddress)	
Plantation, FL 33317		
	and Zip Code)	
For further information concerning this matter, pleas	e call:	
David F. Hannan	at ( 954 ) 581-9388	
(Name of Contact Person)	at ( 954 ) 581-9388  (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Dep.	artment of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

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

statement of change is	ons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floric submitted for a corporation organized under the laws of the State ( ange its registered office or registered agent, or both, in the State (	of Florida
	poration: Alton Road Supreme Services, Inc.	Apr. 9
2. The principal office	address: 1840 Alton Road	FE STI
	Miami Beach, FL 33139	ASS ASS
3. The mailing address	(if different):	mg <b>a</b> m
4. Date of incorporation	n/qualification: 04/26/1996 Document number: P960	00037 🕰 🔽
5. The name and street Florida Department	address of the current registered agent and registered office on file of State:	with the
<u>S</u>	tephen Kravitz	
1;	840 Alton Road	
M	iami Beach, FL 33139	
6. The name and street (if changed):	address of the new registered agent (if changed) and /or registered	office
J	ose Mario Suarez	
18	340 Alton Road	
	(P.O. Box NOT acceptable)	
<u> </u>	iami Beach, FL 33139	
The street address of as changed will be ide	its registered office and the street address of the business office entical.	of its registered agent,
Such change was authauthorized by the boa	norized by resolution duly adopted by its board of directors or by or the corporation has been notified in writing of the change.	y an officer so
Argusture of an	Jose Mario Suaro (Printed or typed name	ez fresident
I hereby accept the ap I further agree to com of my duties, and I an document is being file	ppointment as registered agent and agree to act in this capacity, iply with the provisions of all statutes relative to the proper and if familiar with and accept the obligation of my position as registed merely to reflect a change in the registered office address, I had in writing of this change.	complete performance
	May 8, 2007	
If signing on behalf o	f an entity:  (Date)	
2- <b>00 on 01</b>	<del>y</del> -	
(Typed or	Printed Name)	

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