00001

Law Offices of Ruben E. Dorta P.A. 6011 West 16th Avenue Hialeah, Florida 33012 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time ☐ Walk in ☐ Will wait Photocopy ☐ Mail out Certificate of Status NEW FILINGS AMENDMENTS == -05/06/99--01048--017 *****35.00 *****35,00 Profit Amendment Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger patopa viaro **REGISTRATION/** OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

CR2E031(1/95)

Other

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the protection of	ovisions of sections 607.0 ed corporation organ owing statement in ord e of Florida.	0502,61 nized un der to ch	7.0502 der th ange it	, 607.7 ie law s regis	1508, or 6 s of the tered offi	17.1508, i State of ice or regis	Florida Statu f <u>Florida</u> stered agen	it, or
both, in the State	the corporation is:	МА	COIÑ	CITY	LAUNDR	Y, INC.		
1b. The mailing	address of the corporat	ion is : _	2110	Palm	Avenue	, Hialea	ah, FL 33	3013
1c. Date of inco	orporation: 6/8/98		Do	cumen	t number	1980 19800	000/02 0049/62	:66
2. The name a	<pre>ind address of the curre LUIS M. SANCHEZ</pre>	ent registe	erea ag	jent an	g once.	_	99 HA	
	2110 Palm Avenue	}	-			<u> </u>	Y-6 TAR	
	Hialeah, FL 330)13					F A	П
3. The name an	d address of the new re						SOUTE SPRIDA	J
	2110 Palm Aven							
registered agent	Hialeah, FL 33 ress of its registered of t, as changed, will be ic	ffice and lentical.						
Such change w so authorized b	ras authorized by resolu by the board.)	tion duly	adopte	ed by it	s board o	of directors 4/30/9		officer
Patrioler	of an officer, chairman er airman of the board) अ दे					(Date)	,	
	typed name and title) amed as registered ag- nereby accept the appoint to comply with the proof of my duties, and I ament.	ent and i intmentas ovisions familiar	to acce s regist of all s with a	ept ser tered ag tatutes nd acc	vice of pr gentand a relative ept the o	rocess for a agree to ac to the prop abligation o	the above s tin this cap per and con of my posit	stateo acity. nplete ion as
Khall!					4/	30/99		
1 7 ///	of Registered Agent)				,	(Date)		
If signifig on be	half of an entity:							
Antonic	Cevely 0		-	-		(Capacity)		
(Typed or	Timed Name	ne D O	Bar C	297 T	ilahaeen	e Fl 323	314	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$35.00