P98000104487

(Requ	estor's Name)	
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PICK-UP	MAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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COVER LETTER

TO: Amendme	nt Section			
Division o	f Corporations			
	<u> </u>	and the second of the second o		
SUBJECT:	E. M. S. SERVICES INC.	• *		
	(Name of Corp	poration)		
DOCUMENT NU	MBER: P98000104487			
The enclosed State	ement of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please return all co	orrespondence concerning this matter to	the following:		
	ANTONINO N. MARTINEZ			
	(Name of Conta	act Person)		
	MARTINEZ AND PE	PDOMO P A		
	(Firm/Com			
	(* *	F07		
	20:SW 58TI			
-	20'SW 58TI			
	. (Addres	38)		
	A Committee of the Comm			
_	MIAMI FI			
(City/State and Zip Code)				
For further inform	ation concerning this matter, please cal	1:		
TONY MARTINE	Z	at (_305)_266-1058		
(Na	ame of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.	00 check made payable to the Departme	ent of State.		
	Mailing Address:	Street Address: Amendment Section		
•	Mailing Address: Amendment Section	Street Address: Amendment Section		
~~·.,	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations		
	Y., 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 cha	rovisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of rto change its registered office or registered agent, or both, in the State of Florida.	
	he corporation: E. M. S. SERVICES INC.	
2. The principal	office address: 16760 SW 278 ST. HOMESTEAD FL. 33031	
3. The mailing a	ddress (if different): 16760 SW 278 ST. HOMESTEAD FL 33031	
4. Date of incorp	poration/qualification: 12-17-97 Document number: P98000104487	
	street address of the current registered agent and registered office on file with the tment of State:	
	EMIO M SUAREZ	
	2736 WEST 74TH STREET HIALEAH FL 33016	4 ic -
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	FILE PH 2:57
	EMIO M SUAREZ	
	16760 SW 278 ST HOMESTEAD FL 33031 (P.O. Box NOT acceptable)	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
	refor an officer or director) Emio M. Sugrez (Printed or typed name and title)	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
(Sig	enature of Registered Agent) (Date) (Date)	
If signing on be	half of an entity:	
Г)	Typed or Printed Name)	