P99000028598

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/05/07--01066--006 **35.00



RAChang

11/8/07



COVER LETTER

CUDIFOT.	INQUEST SERVICES, INC.		
SUBJECT: INQUEST SERVICES, INC. (Name of Corporation)			
DOCUMENT N	UMBER: P99000028598	<u>.</u> _	
The enclosed Sta	tement of Change of Registered Office/	Agent and fee are submitted for filing.	
Please return all	correspondence concerning this matter t	o the following:	
	Jairo A. Camargo		
	(Name of Cont	act Person)	
	INOLIEST SERVICES INC		
	INQUEST SERVICES, INC. (Firm/Con		
	P.O. Box 660584 (Addre	ss)	
	(
	Miami, FL 33266		
	(City/State and	Zip Code)	
For further inform	mation concerning this matter, please ca	II:	
Jairo A. Camarg	90	at (305) 303-1458	
(1	Name of Contact Person)	at (305) 303-1458 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35	5.00 check made payable to the Departm	ent 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	

TO:

Amendment Section Division of Corporations

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

2	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of Florida
	gistered office or registered agent, or both, in the State of Florida.
The name of the corporation:	INQUEST SERVICES, INC.
2. The principal office address:	3391 W. 4th Court
	Hialeah, FL 33012
3. The mailing address (if differer	nt): P.O. Box 660584
	Miami, FL 33266
4. Date of incorporation/qualifica	tion: 3/24/99 Document number: P99000028598
5. The name and street address of Florida Department of State:	the current registered agent and registered office on file with the
Ja	airo A. Camargo
3	391 W. 4th Court
Hi	aleah, FL 33012
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office
	Lenard H. Gorman, P.A.
	9100 South Dadeland Boulevard, Suite 1010
	(P.O. Box NOT acceptable) Miami, FL 33156
	<u> </u>
The street address of its registere as changed will be identical.	ed office and the street address of the business office of its registered agent,
Such change was authorized by authorized by the board, or the c	resolution duly adopted by its board of directors or by an officer so orporation has been notified in writing of the change.
(Signature of an officer or direct	Jairo A. Camargo (Printed or typed name and title)
I hereby accept the appointment I further agree to comply withth of my duties, and Lam familiar w document is being filed merely to corporation has been notified in	as registered agent and agree to act in this capacity. e provisions of all statutes relative to the proper and complete performance with and accept the obligation of my position as registered agent. Or, if this or reflect a change in the registered office address. I hereby confirm that the writing of this change. President
(Signature of Registered A	gent) (Date)
If signing on behalf of an entity: LENARD H GOLM'N (Typed or Printed Name)	N. Prondest

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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