P9900067611

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
•	
(Business Entity Name)	٠,
(Document Number)	
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SECRETARY OF STATE

150P 8/17/09

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: East Coast Mat & Li	nen Services Inc	
	Corporation	
DOCUMENT NUMBER: P99	9000067611	
The enclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Mark L.	Weinstein	
Name of C	ontact Person	
	Linen Services, Inc	
Firm/C	Company	
502 S. (J.S Hwy 1 dress	
Ad	laress	
Ft. Pierce	e, FL 34950 and Zip Code	
City/State	and Zip Code	
eclinen@b	ellsouth.net	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please	e call:	
Mark L. Weinstein	at (772) 429-0880	
Name of Contact Person	at (772) 429-0880 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depa	artment of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
: unulussee, 1 L 52514	Tallahassee FL 32301	

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: East Coast Mat & Linen services Inc.	
2. The principal office address: 502 S. U.S. Hwy Ft. Pierce, FL 34950	
3. The mailing address (if different): 4600 Sheridan St, Ste 203 Hollywood, FL 33021	
4. Date of incorporation/qualification: 7/29/1999 Document number: P99000067611	<u> </u>
5. The name and street address of the current registered agent and registered office on file with the Elorida Department of State: (If resigned, enter resigned)	
BV MAZZEO & CO.	
13501 SW 128 ST, STE 103	
MIAMI, FL 33186	
6. The name and street address of the new registered agent (if changed) and /or registered offices (if changed): MARK L. WEINSTEIN 4600 SHERIDAN ST, STE 203 P.O. Box NOT acceptable	7. ij
MARK L. WEINSTEIN	, •
4600 SHERIDAN ST, STE 203	1
HOLLYMOOD EL 22024	-
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Mark L. Weinstein - President Signature of an other or director Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
8/10/2009	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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