P99WW070919

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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9,27,10



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09**-420-101-13-31-101-12-101-12-101-12-101-12-101-12-10-1**

09/24/10--01019--012 **35.00



COVER LETTER

TO: Amendmer Division of	nt Section Corporations							
SUBJECT: CHAMALEON ENT. INC Name of Corporation								
DOCUMENT NU	MBER: P99	000070919						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
WILLIAM J. PARRA								
Name of Contact Person								
	WILLIAM	J PARRA						
		ompany						
	1850 S OCEAN DR # 3702							
	Ado	lress						
HALLANDALE. FL 33009								
City/State and Zip Code								
	JAVIER@CHAMALE	ONCLEANING.COM						
E-mail address: (to be used for future annual report notification)								
For further informa	tion concerning this matter, please	call:						
w	ILLIAM J PARRA	at (954) 610- Area Code & Daytime Telepl	7659					
Nan	ne of Contact Person	Area Code & Daytime Telepl	none Number					
Enclosed is a \$35.00 check made payable to the Department of State.								
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301						

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

statement of cha	mge is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of FLORIDA	
	the corporation: CHAN office address: 1850 S		<i>fezpises, frc.</i> 3702 HALLANDALE, 1	FL 33009	
3. The mailing a	address (if different): PC	DBOX. 220871 F	HOLLYWOOD, FL 33	020	
4. Date of incor	poration/qualification:	08/04/1999	Document number:	P990000709	119
	d street address of the cur rtment of State: (If resign		nt and registered office on t	file with the	
	GARCIA, MARLEL	LY			
	1406 DEWEY ST				
	HOLLYWOODFL	, 33020 US			
6. The name and (if changed):	d street address of the ne		if changed) and /or register	SECRETARY REGISTERS AND SERVICE AND SECRETARY AND SECRETAR	Sinon, Pty guidhbann
	HALLANDALE, FL	- 33009 P.O. Box NOT ac	ceptabl e	AHIO:	
The street addreas changed will	ess of its registered office be identical.	ce and the street ad-	dress of the business offic	ce of its registered a	gent,
Such change was authorized by the	as authorized by resolut he board, or the corpora	tion duly adopted b tion has been notif	y its board of directors or led in writing of the chan	ARRA, PD	
., , .	te of an ottider of director the appointment as reg to comply with the provint I am familiar with an ing filed merely to refle s been notified in writin	ristered agent and a visions of all statute ad accept the obliga ct a change in the r g of this change.	Printed or typed nar agree to act in this capaci is relative to the proper a ation of my position as reg egistered office address,	· ·	nance if this it the
Wallouk			2010		
If signing on be	chalf of an entity:		Date		
•	2 F 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

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