## Division of Corpolions Other occiss Language Script of State Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4000

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 SECRETARY OF STATE TAIL LAHASSEE, FLORIDA

\*\*\*\*\*\*\*\*\*

## REGISTERED AGENT CHANGE

ELECSERVICES, INC.

Certificate of Status	V
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07-24-00 DC

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

Pursuant to the provisions of the undersigned corporation o	sections 607.0502, 617.050 recurized under the lows of the	2, 607.1508, or 617.1508, Florida Stat	ules.
submits the following statemer the State of Flarida.	at in order to change its regi	istered office or registered agent, or bot	ik, in
1. The name of the corporation	is: ELECSERVICES, IN	VC.	
2. The mailing address of the c	orporation is: <u>18520 N.W</u>	67 AVENUE, #247	<del></del>
		. 33015-3302	
3. Date of incorporation/qualif	ication: 11/17/99	Document number: P99000100755	5
4. The name and address of the	current registered agent and	office:	
HAROLD C		SE	3
2379 W.	69 STREET, #2	CRI.	= -
HIALEAH,	FL. 33016	HAS	2F
5. The name and address of the	new registered agent and off	ice: (P. O. Box Not Acceptable)	
	STEFANELLI		
14411 CO	MMERCE WAY, SUITE 310	ORID	ယ္ ` ဌာ
	KES. FL. 33016	<b>&gt;</b> ```	
The street address of its register agent, as changed, will be ident	red office and the street addition.	ress of the business office of its register	ed
Such change was authorized by authorized by the board.	resolution duly adopted by	its board of directors or by an officer so	<b>;</b>
	······································	7/9/22	
(Dignowie of an officer, chairms	n or vice chainman of the board)	(Dage)	
ANNETTE BIAN	CO DIRECTOR		
Having been named as registere corporation, I hereby accept the further agree to comply with the formance of my duties, and I registered agent.	d agent and to accept servic appointment as registered ac provisions of all statutes am familiar with and accep	e of process for the above stated agent and agree to act in this capacity. The proper and complete to the proper and complete to the obligation of my position as	
Michela Stala	nelli	7/20/00	
signing on behalf of an entity:	ကန္မမယ္	(Date)	
	LL1 ·		
MICHELE STEFANE	)	(Capacity)	
	* * * FILING FEE: \$35.0		
RZEMS(7/97) DIVISION OF CORPORATIO	P.O. Box 6327	Tallahasser, Fl. 32314	