P99000109 687

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(Keqi	uestor's Name)			
(Addr	ess)			
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. (Addı	ess)	_		
(City/	State/Zip/Phone	· #)		
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PICK-UP	WAIT	MAIL		
(5)	P. Att. M			
(Busi	ness Entity Nam	ie)		
(Doci	ument Number)	,		
Certified Copies	Certificates	of Status		
<u> </u>				
Special Instructions to Filing Officer:				
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Office Use Only



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O9 JUL 13 AM 8: 45 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Sec Division of Corp	tion porations		
SUBJECT:	Aruba Inspection	Services, Inc	_
DOCUMENT NUMBE	R:P99	000109687	_
The enclosed Statement	of Change of Registered Offic	e/Agent and fee are submitted for	filing.
Please return all correspo	ondence concerning this matter	r to the following:	
•	C	C	
	Joe F Name of Co	Florea ntact Person	<u> </u>
	Aruba Inspectio	on Services, Inc	
	Firm/Co	ompany	_
	1480 SW 3rd	St Suite C3	
	Auu	11058	
	Dompono Boo	ach El 33060	
	City/State a	ach, FL 33069 nd Zip Code	_
	·	,	
F-m	jfaruba@ ail address: (to be used for f	aol.com uture annual report notification	1)
2			•,
For further information of	concerning this matter, please	call:	
	e Florea	at (954) 78 Area Code & Daytime Tel	36-7292
Name of	Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a \$35.00 che	ck made payable to the Depart	tment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporat Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	of Circie

Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.050 provisions of sections for a corporation organ		
	er to change its registered office or regist		
	the corporation: Aruba Inspection		
2. The principal	office address: 1480 SW 3rd St S	uite C3	
Pompano	Beach, FL 33069		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/20/1999	Document number:	P99000109687
	d street address of the current registered artment of State: (If resigned, enter resigned		le with the
	Joe Florea		7 56 09
	1730 SW 1st Terrace		LAHA F
	Pompano Beach, FL 33060		- ILE
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registere	AM 8: 4
	Joe Florea		 ≱ _m .u
	1480 SW 3rd St Suite C3		
		OT acceptable	
	Pompano Beach, FL 33069		
The street address changed will	ess of its registered office and the street l be identical.	address of the business office	of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or botified in writing of the change	y an officer so
Signati	are of an officer or director	Joe Flo Printed or typed name	rea and title
I further agrée of my duties, ar document is bei	t the appointment as registered agent ar to comply with the provisions of all stat and I am familiar with and accept the ob- ing filed merely to reflect a change in the s been notified in writing of this change	tutes relative to the proper and ligation of my position as regi. he registered office address. I i	i complete nerformance
	1 the	7/6/200)9
S	nature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	Typed or Printed Name		
ı	yped of Filined Pattic		

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