## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALFREDO LOPEZ

Electronic Signature of Signing Officer/Director Detail

# FEI Number: 06-1797798 Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

WELLINGTON TAX SERVICES CO. 1842 WILTSHIRE VILLAGE DR WELLINGTON, FL 33414 US

DOCUMENT# P06000135073

1842 WILTSHIRE VILLAGE DR WELLINGTON, FL 33414

**Current Mailing Address:** 1842 WILTSHIRE VILLAGE DR WELLINGTON, FL 33414

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE: PATRICIO GONZALEZ

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	Р
Name	LOPEZ, ALFREDO O
Address	13941 FOLKSTONE CIR, APT. D
City-State-Zip:	WELLINGTON FL 33414

Entity Name: SOUTHEAST SERVICES OF THE PALM BEACHES, INC.

## Certificate of Status Desired: No

Date

FILED Apr 12, 2013 Secretary of State CC7182862174

PRESIDENT

04/12/2013

04/12/2013 Date