

L17000082459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

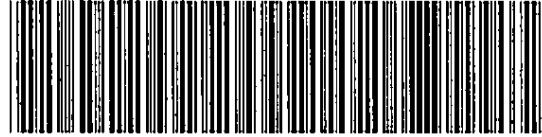
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/02/18--01035--026 **25.00

FILED
2018 MAY 14 PM 2:40
TALLAHASSEE FLORIDA

MAY 17 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Sirvice
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tegan Wedge
Name of Person

The Sirvice
Firm/Company

2443 Muir Circle
Address

Wellington, Fl. 33414
City/State and Zip Code

Teganwedge@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tegan Wedge at (561) 310-3566
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2018

TEGAN WEDGE
2443 MUIR CIRCLE
WELLINGTON, FL 33414

SUBJECT: SIRVICE LLC
Ref. Number: L17000082459

We have received your document for SIRVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please input the correct name of the business, document number and date of filing in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 518A00006666

RECEIVED
2018 MAY 14 AM 11:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
2018 MAY 14 PM 2:40
FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ~~The Service~~ Service LLC

2. (a) _____ (b) Document # L17000082459
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

~~12180~~ 12180 Southshore Blvd #101A
Wellington, FL 33414

3. _____ 4. _____
 Date of filing/registration in Florida Document number
7/2017 4/12/2017 L17000082459

5. (a) ~~Peter Wedge / Samuel Wedge~~ Wedge Associates LLC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

 _____, FL

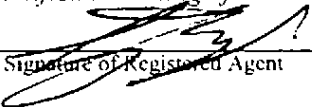
(b) Tegan Wedge
 Enter name of **NEW** Registered Agent and/or **NEW** Registered Office address:
3141 Fairlane Farms Rd. #8
NEW Registered Office Address:
Wellington, FL
 _____, FL

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 28th MAY 14 PM 2:40
 FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____
 Signature of a member or authorized representative of a member Printed or typed name of signee
Peter Wedge

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


 Signature of Registered Agent