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SECRETARY OF STATE
ASSEE, FLORIDA

JUL - 2 2013 J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amy's Services LLC

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:

Michael A Watson

Name of Person

Amy's Services LLC

Firm/Company

6744 Angus Valley Drive

Address

Wesley Chapel, FL 33544-3243

City/State and Zip Code

amysservicesllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A Watson

_{...}813 、404-35

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

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Amy's Services Li	<u>rc</u>
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 6744 Angus Valley Drive Wesley Chapel, FL 33544-3243
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 9735 Tampa, FL 33674-9735
Original 06/01/2004, Present 06/25/2013	L04000041191
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Bradley A Yingling
Registered Office Address:	3130 Lake Sexon Drive
	Land O Lakes, FL 34639
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Michael A Watson
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6744 Angus Valley Drive
	Wesley Chapel FL 33544-3243
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be is liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
Sandra L Yingling Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my auties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent