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INHS18 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: WYF FloorING 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:
William Prino Name of Person
WX F Flooring Services UC
3035 NN 65 ST
MIAMI FL 33147 City/State and Zip Code
William Prino @ hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Prino at 786 346-7426 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:

\$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 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.

1 107/1010	111.1	E/an		Comme	a C	110
1. Na	ame of the limited liability company: WYF	1 1001	1VK)	Service	:/	
2. (a)	3035 NW 65 ST	(h)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	ress of limited liab	-	
			tistae, si	MI DE LOST OF	I ICL D	(7. <u>1</u>)
	MIAMI FL					
	33/47					
	0/8 - 22 - 2005	4	0500	0082	85	59
3.	Date of filing/registration in Florida 4			nt number		
5. (a)	TOMAS, FREDDY M	,				
. (u)	Registered Agent and Registered Office shown on the records of the Fl	lorida Dept. of St	ate:			
	4910 NW 4 ST				~	
	Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)	_	in the second	919	
	Mam			ŗ-	2019 MAR - 7	
	C1 -	33/26		بر <u>بر</u> منز	~-	**************************************
	, , i l,	<u> </u>	_	HASSI	PM	: !77 73 1
(b)						ਰੂਜਜ਼ ਰੂਪ ਸ਼ੁ
	Enter name of NEW Registered Agent and or NEW Registered Office	ee address:		=======================================	2: 5	
	William Prince			÷.	α	
	NEW Registered Office Address:					
	3035 NW 65 ST					
	Miami	22116	7			
	Miami FI.	3314				
the cha	imited liability company is not organized under the laws of ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability	registered offi	ce and the	business office	of the	registered
was/we	ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	· limited liabil	ity compar			
	les of viginizativo the operating agreement of the min			Dans	Δ	
Signal	nure of a member or authorized representative of a member	0017	Printed or	typed name of sig	nce	
provision the oblication to the oblication to the province the province to the	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perf- ligations of my position as registered agent as provided for ely reflect a change in the registered office address. There of inverting of this change.	o act in this ca formance of m in Chapter 60 by confirm the	pacity. I five duties, and 05, F.S. Or at the limite	arther agree to ad I am familian t, if this docume ad liability comp	comply with a ou is b owny he	v with the ind accept eing filed us been
Signard	te of Blackered Agent					
_	Division of Corporations • P.O. Box (6327• Tallah	assee, FL 3	32314		

FILING FEE: \$25.00