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COVER LETTER

	ration Section on of Corporations						
SUBJECT:	Residential Analysis Systems and Insp	ections, LLC					
_	Name of Limited Liability Company						
Dear Sir or Ma	adam:						
The enclosed	Registered Agent/Registered Office	e Change and fe	ee(s) are submitted for filing.				
Please return a	all correspondence concerning this	matter to the fo	ollowing:				
Kevin Harold							
	Name of Person	-	_				
Residential Ana	alysis Systems and Inspections, LLC						
	Firm/Company		_				
5912 Fortune P	Place						
	Address		_				
Apolio Beach,	FL 33572						
	City/State and Zip Code		_				
kevinh@dansco	oengineering.com						
E-mail a	ddress: (to be used for future annua	al report notific	ation)				
For further inf	ormation concerning this matter, p	lease call:					
Kevin Harold		813 _ at (645-0166 ext 127				
	Name of Person	(Area Code & Daytime Telephone Number				
Regis Divis P.O. I	ng Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303				
Enclo	sed is a check for the following a	mount:					
■ \$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 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.	Na	ame of the limited liability company:	sis Sys	tem	s and Insp	ections, LLC			
2	(a)	5912 Fortune Place		(৮)	РО ВОХ	3400			
<u>-</u> .	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(~)		Mailing address of limite			-
		Apollo Beach, FL 33572	<u></u>		Apollo B	each, FL 33572			
		04/06/2006		I	.06000036	6119			
3.		Date of filing/registration in Florida	4.	_	<u></u>	Document number			
5	(a)	Sam Greenberg							
٥.	(4)	Registered Agent and Registered Office shown on the records of to 5912 Fortune Place Registered Office Address (MUST BE FLORIDA STREET A			ate:	cc C	2		
		Apollo Beach , FL	33572			- -	TALL	2022 JUL 29	-71
(t	/ L \	Kevin Harold					AHAS	. 29	FEETEN
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>			ress:	_	တ်"် တူင ကာ	PH	
		SAME				_		9 և։ 16	
		NEW Registered Office Address:					Ā	σ	
		.FL				_			
ch ag wa the	ange ent v is/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member of authorized representative of a member	registe bility of the li imited St	ered con mit I lia eph	office an ipany, it ed liability coren E. You	nd the business office is hereby confirmed the company or as oth mpany. Her Printed or typed name	of signee	register change provide	ed (s) ed in
prothe to	ovisi obl mere tifie	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete to ignificant of my position apregistered agent as provided by reflect alchange in the registered office address, I have been address, I have been address of Registered Agent	e to a perfori for in ereby	nar Ch con	n inis cap nce of my napter 60 ifirm that	oduies, and I am fam 5, F.S. Or, if this do the limited liability (e to con iliar wi cument compan	th and is being y has b	accept g filed een

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