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SECRETARY OF STATE
DIVISION OF COSPORATION

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: S. W. Moning Moning (Name of Limited Liability)	LE MOTARY SERVICES, UC ity 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:	
WENDY L. JOHNSON (Name of Person) S. W. GORIGA MORILE NOTAR (Firm/Company) MY 98th Avr. N. (Address) Maples M. 34108 (City/State and Zip Code)	- H SERVICES, CLC	
For further information concerning this matter, please call:	:	
WENNY L. JUHNSON at (239) (Name of Person)	(Area Code & Daytime Telephone Number)	
Registration Section Reginary Division of Corporations Division Building P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount: \$25 Filing Fee \$3

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.

t de la companya de l
1. The name of the limited liability company is: S. W. Florian Mobile Notacy
2. The mailing address of the limited liability company is:
754 98th Avenue, North Nopley Ph 34108
10/13/010 LOGODOGGO2870
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: ORPORATE SERVICE Company Name 1201 Hays Street Address City, State and Zip 232301
6. The name and address of the new registered agent and/or office: UGNDY JOHNSON RESIDENT PRESIDENT PRE
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)
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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the simited liability company has been notified in writing of this change.
(Signature of Registered Agent)