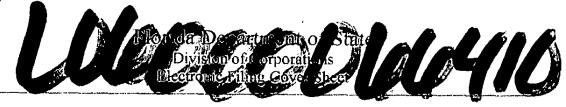
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001557363)))



H170001557363ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: PCA000000023 Phone: (512)418-6949 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. \*\*

LLC REGISTERED AGENT CHANGE

Email Address:

## EGENERAL BUILDING MAINTENANACE OF FLORIDA. Certificate of Status Certified Copy 0

Page Count 03 Estimated Charge \$25.00

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D. BRUCE JUN 13 2017

COVER LETTER

 $\mathcal{J}_{p}^{m}$ 

	istration Section islon of Corporations			
SUBJECT:	GENERAL BUILDING MAINTE	NA NACE OF FLORIDA, LLC		
COLUECI		mo of Limited Liability Company		
Dear Sir or N	Madam;	•		
The enclosed	d Registered Agent/Registered Of	fice Change and fco(s) are submitted for filing	g.	
Please return	all correspondence concorning t	his matter to the following:		
Tammy Scott				
<del></del>	Name of Person	and the state of t		
General Build	ling Maintenance Inc	•		
<u>.</u>	Firm/Company			
3835 Presider	ntial Pkwy Ste 200	<b></b>	· :	
	Address		ALL SEC SEC	
Atlanta Georg	gìa 30340		JUN 12 RETARY AHASSEE	η
	City/State and Zip Code		SSE	-
tscott@gbmw	veb.com		The D IT	7
E-mail	address: (to be used for future an	nual report notification)	1,084 1,084	j
For further is	nformation concerning this matter	r, please call:	NOA	
Tammy Scott	•	770 457-5678		
	Name of Person ·	Arca Code & Daytime Tele	phone Number	
Regi Divi Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314		
Encl	losed is a check for the following	g amount:	•	
<b>□</b> \$2	25 Filing Fee	☐ S55 Filing Fee & Certified Cop	<b>y</b>	

INHS18 (2/14)

## 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.

3  Ji	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  3885 Lionheart Dr  Jacksonville FL 32216		ŀ	de seerbbn gniliah	limited liability con	ipmy:
J:	71 DY 2003		3835 Presid	dential Pkwy Ste		
-	lacksonville FL 32216				200	
^			Atlanta GA	30340		
U	06/30/2006		L06000066	410		
,	Date of filing/registration in Florida	4.		Document nun	nber	
(a)						
Re	egistered Agent and Registered Office shown on the records of t	he Florid	a Dept, of State	- 3;		
C	CT CORPORATION SYSTEM					
R	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	#	
1	1200 SOUTH PINE ISLAND ROAD			-	SE(SE)	
P	PLANTATION FL	33324			CRE	***
				•	JUN 12 CRETARY AHASSE	Prince
(b)	nier name of NEW Registered Agent and/or NEW Registered				- Z	
En	nter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	•	्रा <sup>भ</sup> न मा	T.
N	NRAI Services, Inc.				STATE LORI	
N	EW Registered Office Address:					
1.	200 South Pine Island Road					
ŋ	Plantation	33324				
.f .	Plantation , FL		,	-		

Division of Corporations • P.O. Box 6327 • Taliahassee, FL 32314 PHANG FEE: \$25.00