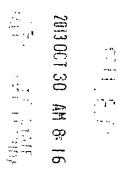
(Requestor's Name)

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(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

10/30/13--01004--015 **25.00



Office Use Only

J. SAULSBERRY EXAMINER

NOV 1 2013

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

Pursuant to the provisions of sections 608.416 or 608.2 liability company submits the following statement in ord agent, or both, in the State of Florida.	er to change its registered office or registered
1. Name of the limited liability company: AmeRITA	WELL SERVICES GROUP, LIC
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	10209 HOATHER GLEN DR JACKSONVILLE, FL 32256
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	JACKSONVILLE, FL 32256
JUNE 13, 2007 3. Date of filing/registration in Florida	L070000 62449 4. Document number
, ,	
5. (a) Registered Agent and Registered Office shown on	THE LAW OFFICES OF NCKSPRADUN, PLL
Registered Agent:	
Registered Office Address:	12000N DALE MABRY SUITE 110 TAMPA, FL 33618
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	KHITH GREW
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10209 HEATHER GLENDR JACKSONVILLE, FL 32256
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member KEITH J. GREEN	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member KEITH J. GREEN Printed or typed name of signce	Florida street address of the registered office nitical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization sy.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00