L08000018/89

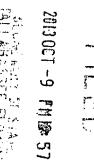
•		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
OCT 1 4 2013		
A. LUNT		

Office Use Only



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10/09/13--01018--001 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Absolute Crime Name of I	8 Travna Bro-Clean, L.C.	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Azia Enyedy Name of Person	AND THE STATE OF T	
Absolute Chine & Trauma Bio Firm/Company	-Clean, LLC.	. Ala-
2200 Wilhterprings Blud	-Clear, LLC. Soite 106-252	ţ
Outalo, Fl 32765 City/State and Zip Code		
E-mail address: (to be used for future arranal report re	otification)	
For further information concerning this matte	er, please call:	
Azia Envaly Name of Person	at (32) 303-853 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 followin	g amount:	
\$25 Filing Fee	S55 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 608.416 or 608. liability company submits the following statement in or agent, or both, in the State of Florida.	der to change its registered office or registered
1. Name of the limited liability company: Absolut	e Crime Strauma Bio-Cleur, LL
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	Suite 106-252 Oviedo, Fl 32765
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2200 winterspring Blod Suite 106-252 Ouido, Fl 32765
02/2008	608000018189
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Azia L. Enyedy
Registered Office Address:	2200 winterspring Blud Buite 106-252 Outedo, Fl 32765
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	
NEW Registered Agent:	Azia L. Enyedy is to
NEW Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Suite 106-252 Blue J.FL 32765
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my particle of the company of th	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent Division of Corporations, P.O. Box 6	5327, Tallahassee, FL 32314

FILING FEE: \$25.00