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•						
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(dusiness chary Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special instructions to Filing Officer:						

Office Use Only



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2009 MAY -1 PH 12: OF SECRETARY OF STATE SECRETARY OF STATE

T. CLINE
MAY - 4 2009
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ			ERVICE		=
	(Name	s or Lin	nited Liao	ility Company)	
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office	Change a	nd fee(s) are submitted for	filing.
Please	return all correspondence concerning	ıg this r	natter to t	he following:	
	KAREN CLARK				
	(Name of Person)			•	
					#s 29
	CEE'S SERVICES LLC				三三 二
	(Firm/Company)			-	
					RETARY OF AHASSEE.F
	2712 TARPON DRIVE				FF 72
	(Address)			-	7009 HAY -1 PH 12: 00 SEGRETARY OF STATE SEGRETARSSEE. FLORID
	,				A PA
	MIRAMAR, FL 33023				A
	(City/State and Zip Code)	,		-	
	(0.0, 2.2. 2.0 2.1)		•		
For fu	orther information concerning this ma	atter, pl	ease call:		
	KAREN CLARK	at (954) 9646833	
	(Name of Person)	at (ode & Daytime Telephone	Number)
	,		`	•	•
	CERTIFICATION APPRECE		3547	I INC. ADDDEGO	
	STREET/COURIER ADDRESS: Registration Section			LING ADDRESS: stration Section	
	Division of Corporations			sion of Corporations	
Clifton Building P			Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301		Talla	hassee, Florida 32314	
	Enclosed is a check for the follow	ving an	ount:		
	☐ \$25 Filing Fee		\$55	Filing Fee & Certified Cop	ру

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.

1.	Naı	me of the limited liability company: CEE'S SEF	RVICES, LLC	÷
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2712 TARPON DR MIRAMAR, FL 33023	[3 [3
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2712 TARPON DR MIRAMAR, FL 33023	8
	Dot	10/23/2008 te of filing/registration in Florida	L08000099873 4. Document number	
5.	(a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of The:	
		Registered Agent:		T
		Registered Office Address:	1201 HAYS STREET TALLAHASSEE, FL 32301	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	3 4.∜
		NEW Registered Agent:	KAREN CLARK	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			2712 TARPON DR	
			MIRAMAR □,FL 33023	
th of he lia	at af fice creby abilit	limited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	et address of the registered office and the busines case of a Florida limited liability company, it is	S
(S	gnatu	re of a member or authorized representative of a member)	_	
(F	rinted	N CLARK I or typed name of signee) thy accept the appointment as registered agent and the second control of	— agree to act in this capacity. I further agree to	, ,
co ar F.	ompl n fai S. (onfiri	thy accept the appointment as registered agent and a with the provisions of all statutes relative to the provisions of all statutes relative to the provision of my position or, if this document is being filed to merely reflect a metal the limited liability company has been notified.	oper and complete performance of my duftes, and as registered agent as provided for in Chapter (change in the registered office address, I hereby d in writing of this change.	u 1 508,
75	ienan	ure of Registered Agent)		

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00