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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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K. SALY EXAMINER SEP 2 U 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sgt Yorks Proper-	ty Maintenance LLC	
Name of Limited Liability 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:		
Raymond York Name of Person		
Name of Person		
Sgt Yorks Property Maintenance LLC Firm/Company		
Firm/Company		
11440 Mattioda Rd		
Address		
Grove land, FL 34736 City/State and Zip Code		
City/State and Zip Code		
ryork77@ gmail.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Raymond York at	(407) 782 - 3690	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananassee, Piorida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 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 608.508, 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. Name of the limited liability company:

Sgt Yorks Property Maintenance LLC

2. (a) Principal office address of limited liability company:

492 Mickletin Loop (ULD) (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (010) (Note: MAY BE POST OFFICE BOX) Sept 3, 2009 L09000085855 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: (XD) Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: (NEW) **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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. or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 auties, 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 limited liability company has been notified in writing of this change.

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

Signatur of Registered Agent