L09000110208

(Re	equestor's Name)			
(Ad	Idress)			
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(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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08/23/12--01008--006 **25.00



J. BRYAN

AUG 24 2012

EXAMINER

COVER LETTER ·

FO: Registration Division of	n Section Corporations					
SUBJECT:					on, LLC	
	Name of L	imited	Liabili	ty Co	ompany	
Dear Sir or Madam	1:					
The enclosed Regi	stered Agent/Registered O	ffice C	Change	and f	ee(s) are submitted for filing.	
Please return all co	orrespondence concerning	this ma	atter to	the fo	ollowing:	
	Jose A. Sancho					
	Name of Person					
						17
k As a	Sandaa Connection II C					-
IVIY S	Service Connection, LLC Firm/Company				TALLAHASSES TILLES	1
The Color	it is a state of the state of t					American Services
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	6531 Stonington Dr.				₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩. ₩	-
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	Tampa, FL 33647				ŕ	
•	City/State and Zip Code		 -			
	onground and hip dodd					
	anaha70@uahaa aam					
E-mail address: (to	sancho70@yahoo.com be used for future annual report no	otificatio	n)	_		
	ation concerning this matte			:		
	e A. Sancho	_ at (765-2021	
Nam	ne of Person			Area C	ode & Daytime Telephone Number	
STDFFT/C	OURIER ADDRESS:		МА	HJN	G ADDRESS:	
Registration		Registration Section				
	Corporations	Division of Corporations				
Clifton Buil		P.O. Box 6327				
	tive Center Circle		Tall	ahass	ee, Florida 32314	
Tallahassee	, Florida 32301					
Enclosed i	s a check for the followin	gamo	unt:			
✓ \$25 Fili	ng Fee		\$5	5 Fili	ing 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:	My Service Connection, LLC		
2. (a) Principal office address of limited liability co	ompany:		
(Note: MUST BE STREET ADDRESS)	6531 Stonington Dr. Tampa, FL 33647		
(b) Mailing address of limited liability company			
(Note: MAY BE POST OFFICE BOX)	6531 Stonington Dr. Tampa, FL 33647		
11/16/2009	L09000110208		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:		
Registered Agent:	Cristina M. Sancho		
Registered Office Address:	6531 Stonington Dr. Tampa, FL 33647		
(b) Enter name of <u>NEW Registered Agent</u> and/ <u>NEW</u> Registered Agent:	or NEW Registered Office address: Jose A. Sancho		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	6531 Stonington Dr.		
MUSI BE FLURIDA STREET ADDRES.	Tampa, FL ,FL33647		
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited liability company or a or the operating agreement of the limited liability company or a signature of a member or authorized representative of a member	ompany.		
Cristina M. Sancho Printed or typed name of signee			
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of Signature of Registered Agent	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in did not in the registered office company has been notified in writing of this change.		

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

Signature of Registered Agent