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(Re	equestor's Name)	
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T. LEASIEUX

COVER LETTER

то:		istration Section ision of Corporations			
SUBJI	L'C'T.	ACCUTILITIES, LLC			
SUDai	.C1.		e of Limite	d Lia	bility Company
Dear S	ir or l	Madam:			
The en	close	d Registered Agent/Registered Offic	ce Change	and fe	ee(s) are submitted for filing.
Please	returi	n all correspondence concerning this	s matter to	the fo	ollowing:
ISAB	ELO	RODRIGUEZ			
		Name of Person			_
ACCI	JTILI	ITIES, LLC			
		Firm/Company			_
4783	NW	103RD AVENUE / BAY #30			
		Address			_
SUNF	RISE	, FL 33351			
		City/State and Zip Code	.		_
IROD	RIG	UEZ@ACCUTILITIES.COM			
	-mail	address: (to be used for future annu	ial report n	otific	ation)
For fur	ther i	information concerning this matter,	please call:	;	
ISABI	ELO	RODRIGUEZ	954		439-4242
		Name of Person	\		Area Code & Daytime Telephone Number
	Reg Divi Cliff 266	REET/COURIER ADDRESS: distration Section dision of Corporations from Building 1 Executive Center Circle dahassee, Florida 32301		Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassec, Florida 32314

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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

. N	ame of the limited liability company:	TILITIES, LL		
. (a)	4783 NW 103 RD AVENUE		b)	
	Principal office address of limited hability com (Note: MUST BE STREET ADDRESS)	pany:	М	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BAY #30		P.O. BOX	
	SUNRISE, FL 33351		MIRAMAI	R, FL 33027
	02/16/2010		L1000001	7644
. (a)	Date of filing/registration in Florida ISABELO RODRIGUEZ	4.	ī	Document number
. (<i>a)</i>	Registered Agent and Registered Office shown on the r	ecords of the Flori	la Dent of State	
	10750 NW 138TH STREET			
	10750 NW 138TH STREET Registered Office Address			
	Registered Office Address (MUST BE FLORIDA S		<u> </u>	
(b)	Registered Office Address (MUST BE FLORIDA S	STREET ADDRES	<u> </u>	
(b)	Registered Office Address (MUST BE FLORIDA S BAY #6 HIALEAH GARĐENS	STREET ADDRES , FL_33018	3	
(b)	Registered Office Address (MUST BE FLORIDA S BAY #6 HIALEAH GARĐENS ISABELO RODRIGUEZ	STREET ADDRES , FL_33018	3	
(b)	Registered Office Address (MUST BE FLORIDA S BAY #6 HIALEAH GARDENS ISABELO RODRIGUEZ Enter name of NEW Registered Agent and/or NEW R	STREET ADDRES , FL_33018	3	
(b)	Registered Office Address (MUST BE FLORIDA S BAY #6 HIALEAH GARDENS ISABELO RODRIGUEZ Enter name of NEW Registered Agent and/or NEW R 4783 NW 103RD AVENUE	STREET ADDRES , FL_33018	3	

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.

ISABELO RODRIGUEZ

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chapter in the registered office address. I hereby confirm that the limited liability company has been notified in writing office and the confirmal address.

Signature of Regimered Agent