L100000 2335/

(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;
A. LUNT
MAY _ 5 2010



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EXAMINER

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: F		Servic d Liabil		
Dear Sir or Madam:				. ,
Dear 311 of Madain.				
The enclosed Registered Agent/Registered C	Office (Change	and f	ee(s) are submitted for filing.
Please return all correspondence concerning	this m	atter to	the fo	ollowing:
Sean Flynn			_	
Name of Person				≅m
Flynn Services, LLC				2011 MAY -2 SEPALIARASSE
Firm/Company				7-2 ASS
1203 SW 12th Street, Suite	1			
Address			_	AM 9: 38
				Sim on
Ocala, FL 34471 City/State and Zip Code				
City/State and 21p code				
Sflynn@protechww.com E-mail address: (to be used for future annual report to				
E-mail address: (to be used for future annual report t	otification	on)		
For further information concerning this matt	er, ple	ase call	:	
Sean Flynn	_ at (_	352	_)	236-2444
Name of Person			Area Co	ode & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.O	istration o . Box	G ADDRESS: on Section of Corporations 6327 ee, Florida 32314
Enclosed is a check for the following amount:				
\$25 Filing Fee		\$5	5 Fili	ng Fee & Certified Copy

INHS18 (5/08)

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:	Flynn Services, LLC
2. (a) Principal office address of limited liability co	ompany: Flynn Services, LLC dba Pro-Tech
(Note: MUST BE STREET ADDRESS)	1203 SW 12th Street, Suite 1 Ocala, FL 34471
(b) Mailing address of limited liability company	: Flynn Services LLC dba Pro-Tech
(Note: MAY BE POST OFFICE BOX)	1203 SW 12th Street, Suite 1 Ocala, FL 34471
3/2/2010	L10000023351
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:	Registered Agents of Florida, LEG
Registered Office Address:	100 SE 2nd Street Suite 2900 Miami, FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/	or NEW Registered Office address:
NEW Registered Agent:	Sean P. Flynn
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	1203 SW 12th Street Suite 1 Ocala, FL 34471
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 b 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 considered that the choof the operating agreement of the limited liability considered the limited liability c	ler the laws of the State of Florida, it is hereby the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote is otherwise provided in the articles of organization ompany.
Sean P. Flynn	
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 filed address, I hereby confirm that the limited liability co	It 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 d to merely reflect a change in the registered office ompany has been notified in writing of this change.
Signature of Registered Agent	

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

INHS18 (05/08)