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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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Certified Copies	_ Centricates	or Status		
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## **COVER LETTER**

TO: Registration Section Division of Corporations	;				
SUBJECT: Firest Floors of Breverd 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:					
Kevin Hataling Name of Person	·				
Firest Floors of Bruerd LLC Firm/Company					
6103 N Atlantic Am Ste C Address					
Cope Coname at FL 32920 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kevin Hotaling at ( 32 Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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

1.	Na	me of the limited liability company: Finest Floors of	Brevord LLC
2.	(a)	Principal office address of limited liability company: Ft 32520  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		6103 N Atlantic Ave Sk C	Some
		Cape Canaveral FL 32820	
		312015	10000023645
3.		Date of filing/registration in Florida 4.	Document number
5.	(a)	United States Corporation Agents Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of	State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<del></del>
		13302 Winding Jaks Blud Ste A-100	
		Tampa ,FL 33612	<del></del> <del></del>
	(b)	Kevin Hataling Enter name of NEW Registered Agent and/or NEW Registered Office address:	-6 PH 12: 26
		938 Casa Dale Casa Cir NEW Registered Office Address:	2: 26 08/93
		Rockledge ,FL 32955	<del></del>
the age	cha ent v s/we	imited liability company is not organized under the laws of the State of inge or changes are made, the Florida street address of the registered of vill be identical. Or, in the case of a Florida limited liability company, are authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
		74)	Kern Hataline
5	Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
pro the to	ovisi obl mere	by accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapter ely reflect a change in the registered office address, I hereby confirm to in writing of this change.	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Sig	natu	re of Registered Agent	