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| (Re | questor's Name) | | | |
|---|------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | . , | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: Appliance Service of Central Florida, L. 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: | | | | | |
| Angle Halles Name of Person | | | | | |
| Appliance Service of Certual FL Firm/Company | | | | | |
| 13020 Belcher RdS Address | | | | | |
| Largo, Floricia 33773 City/State and Zip Code | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Angie Hayes at (727) 462-0394 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 \$25 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 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 | ame of the limited liability company: Appliance | Service o | f Central Florida, U |
|--|---|--|---|
| 2. (a) | 13020 Belcher Rols" | (b) 1302(| 5 Belcher Rds. |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Largo Florida | Lo | avan Florida |
| | 33773 | <u> </u> | 23777 |
| | 33712 | | 0011 |
| | 11/9/2010 | | 2000116845 |
| 3. | Date of filing registration in Florida | 4. | Document number |
| 5. (a) | | | |
| | Registered Agent and Registered Office shown on the records of the | e Florida Dept. of State | ri |
| | 300 Turner St | - NAFGG | |
| | Registered Office Address (MUST BE FLORIDA STREET AL | <u>IDKESS)</u> | |
| | | 22.41 | |
| | <u>Clearwater</u> , FL | <u> 35750</u> | 2010 |
| (b) | E. Peter Alonso | | |
| (-) | Enter name of NEW Registered Agent and/or NEW Registered O | office address: | -0 |
| | _13020 Belcher RdS | <u>,</u> 2 | |
| | NEW Registered Office Address: | | STATE STATE |
| | | | · · · · · · |
| | Largo-, FL | 33773 | - |
| If the l | imited liability company is not organized under the laws | s of the State of Flo | orida, it is hereby confirmed that after |
| the cha | ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab | he registered office | e and the business office of the registered |
| was/w | ere authorized by an affigurative vote of the members of icles of organization or the operating agreement of the li | the limited liabilit | y company or as otherwise provided in |
| (| Markus/. | E .70 | • • // |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| I here provis the ob- to mer notifie | by accept the appointment as registered agent and agrecions of all statules relative to the proper and complete pligators of my position as registered agent as provided ely reflect of hange in the registered office address, I he difference of this change. | e to act in this cap erformance of my for in Chapter 605 ereby confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been |
| Signati | ire of Registered Agent | | |

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