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J18-10-18

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ABLE WRECKER & ROAD	SERVICE, LLC	;
		ne of Limited Liab	ility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fol	Howing:
JOSE	EPH R PURSELL, SR		
	Name of Person		•
ABLE	WRECKER & ROAD SERVICE,	LLC	
	Firm/Company		•
P.O.	BOX 327		
	Address		•
ARC	ADIA, FL 34266		
	City/State and Zip Code		•
ablev	vrecker@gmail.com		
Ī	-mail address: (to be used for future ann	nual report notifica	ation)
For fu	rther information concerning this matter.	, please call:	
JOSE	EPH R PURSELL SR	863	494-5762
	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	

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: ABLE WRE	CKER & ROA	AD SERVICE, LLC
2. (a)	MARY JENNINGS	(b) JO	SEPH R PURSELL SR
2. (3)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5135 N.E. CUBITIS AVE	P.C	D. BOX 327
	ARCADIA FL 34266	AR	CADIA FL 34265
	12/30/2010	L100	000132559
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MARY JENNINGS		
J. (11)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREE) 11608 SW 143 ST	T ADDRESS)	
	ARCHER	32618	
(b)	JOSEPH R PURSELL SR Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	T-I PM 5: 26 ETARY OF STATE LAHASSEE, FL
	NEW Registered Office Address:	 	
	5135 N.E. CUBITIS AVE		
	ARCADIA	_{FL} FL 34266	
the cha agent v was/we the arti Signa I herei provisi the obl	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members teles of organization or the operating agreement of the properties of a member or authorized representative of a member by accept the appointment as registered agent and a completing of all statutes relative to the proper and completing of my position as registered agent as provided in writing of this change.	of the registered liability compars of the limited liability some limited liability of the liability of	I office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. H R PURSELL SR Printed or typed name of signee this capacity. I further agree to comply with the