## L110000008071

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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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DIVISION OF CORPORATIONS

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N. Cuttigan FEB - 4 2011

## **COVER LETTER**

Division of Corporations					
CHIDI	ECT. Suncoast	Son	ica Drofae	eionale I I C	
20R1	SUBJECT: Suncoast Service Professionals LLC  Name of Limited Liability Company				
	name of	Limited	i Liability Co	ompany	
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered (	Office (	Change and f	ee(s) are submitted for filing.	
Please	return all correspondence concerning	g this m	atter to the fo	llowing:	
	Gene O'Donnell				
	Name of Person				
	Suncoast Service Professionals	-110			
	Firm/Company	S LLC			
	4808 Wallace Rd.				
	. Address				
	Plant City, Fl.33567				
	City/State and Zip Code				
ge8143@aol.com  E-mail address: (to be used for future annual report notification)					
E-	mail address: (to be used for future annual report i	notificatio	on)		
For fu	rther information concerning this matt	ter nles	se call·		
1 Of Tu	ruler information concerning this mate	ici, pic	isc can.		
<del></del>	Gene O'Donnell	_ at (_	<u>813</u> )_	380-9580	
	Name of Person		Area Co	de & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILIN	G ADDRESS:	
Registration Section Registration Section			on Section		
	Division of Corporations  Division of Corporations				
	Clifton Building P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32314				
	Tallahassee, Florida 32301				
Enclosed is a check for the following amount:					
1	\$25 Filing Fee		\$55 Fili	ng Fee & Certified Copy	
	<b>- - - - - - - - - -</b>		<b>_</b>	<del>-</del>	

**TO:** Registration Section

## 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:	Suncoast Service Professionals LLC
2. (a) Principal office address of limited liability	company: 4808 Wallace Rd.
(Note: MUST BE STREET ADDRESS)	Plant City, Fl. 33567
(b) Mailing address of limited liability compar	ny: Suncoast Service Professionals LL
(Note: MAY BE POST OFFICE BOX)	4808 Wallace Rd.
January 20, 2011	L11000008071
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	nown on the records of the Florida Dept. of State:
Registered Agent:	United States Corp. Agents, In
Registered Office Address:	13302 Winding Oaks Blvd. Suite A Tampa, Fl. 33612 Attn: Matt Pfleging
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW Registered Agent</u> :	d/or NEW Registered Office address:  Gene O'Donnell
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	
If the limited liability company is not organized un confirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the confirmed tha	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.
Printed or typed name of signee	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fil address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

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

Signature of Registered Agent