## L11000033873

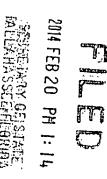
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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FEB 21 2014 D. BRUCE

## **COVER LETTER**

Division of Corporations		
SUBJECT: C.A.P.5. Complete Alford Name of Limited Liabi	able Property Services lity Company	Lic
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:	
Name of Person C.A.P.S. LLC Complete A hordable Property Se	ervice LLC	
1201 W. 20th Street	—————————————————————————————————————	
Sanford, Fl. 32771 City/State and Zip Code	NSSET	EB 20 PH :
E-mail address: (to be used forvirure annual report notification)		F
For further information concerning this matter, please call	<b>1</b> :	
Lee or Vicki Conner at (407 Name of Person	395-3320 Area Code & Daytime Telephone Number	_
Registration Section Rep Division of Corporations Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	

Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (12/13)

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

## STÄTEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

C. A. P. S. Ca
Approbable Property Services U
ny: 1201 W 2015 Street 5an Ford, Fl. 32771
1201 La 20th Street Sanford, Fl. 32771
L11000023873  4. Document number
n the records of the Florida Dept. of State:
Michael Conner Turner
1201 W. 2044 Street Sounford, Fl. 32771
EW Registered Office address:
Sanford ,FL 32771
e laws of the State of Florida, it is hereby Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or  d agree to act in this capacity further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.

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