

U10000 79994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

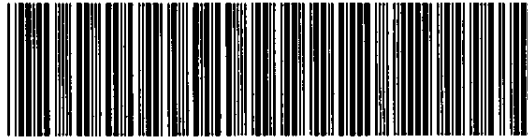
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. YOUNG

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TALLAHASSEE, FLORIDA  
16 APR 18 PM 4:13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2016

MARINO SIMONE  
5285 PALMETTO DRIVE  
MELBOURNE BEACH, FL 32951

SUBJECT: M & S PROFESSIONAL SERVICES & POOL REPAIR LLC  
Ref. Number: L11000039994

FILED  
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TALLAHASSEE, FLORIDA  
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We have received your document for M & S PROFESSIONAL SERVICES & POOL REPAIR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 316A00016971

**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. Name of the limited liability company: M & S Professional Services & Pool Repair LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

5285 Palmetto Dr.

same

Melbourne Beach, FL 32951

4/5/2011

L11000039994

3. Date of filing/registration in Florida

4. Document number

5. (a) Judy Gallagher, LCPA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

405 E. Strawbridge Ave C

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Melbourne, FL 32901

\_\_\_\_\_, FL \_\_\_\_\_

(b) Flavin, Nooney & Person CPA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

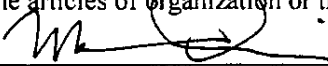
2200 S. Babcock St.

NEW Registered Office Address:

Melbourne, FL 32901

\_\_\_\_\_, FL \_\_\_\_\_

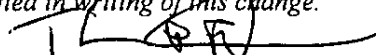
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Marino Simone, MGRM

\_\_\_\_\_  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

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