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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Sasmess Emily rams)						
(Document Number)						
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B. BOSTICK

JUL 2 5 2011

EXAMINER

COVER LETTER

	Registration Section Division of Corporations							
SUBJE	TOTAL MAINTEN Name of Lim				FIVE, LLC	C		
Dear Si	ir or Madam:							
The end	closed Registered Agent/Registered Offi	ce Chang	e and f	ee(s) are	submitted f	or filing.		
Please 1	return all correspondence concerning thi	s matter t	o the fo	ollowing	; ;			
	LUIS TRUJILLO Name of Person	· · · · · · · · · · · · · · · · · · ·						
	,							
TRU	UJILLO'S ACCOUNTING SOLUTION Firm/Company	NS, LLC	_					
	7608 NACIDO CT					SEC		
	Address					KE I V	11 JUL 22	NC PT
	TAMPA, FL 33615					L1'-		ŝ
	City/State and Zip Code	,				. F.C.	PH 8: 5	1 Page 1
	da	_					OT	
E-m	deyvysrodriguez2132@gmail.con nail address: (to be used for future annual report notifi	cation)				Ε ĐÁ	w	
For furt	her information concerning this matter,	please ca	ll:					
	LUIS TRUJILLO at	(813			325-8101			
	Name of Person		Area Co	rde & Dayı	time Telephone N	Number		
:	STREET/COURIER ADDRESS:	M	AILING	G ADDR	RESS:			
	Registration Section			on Sectio				
	Division of Corporations Division of Corporations							
	Clifton Building		O. Box		20214			
	2661 Executive Center Circle Tallahassee, Florida 32301	18	Hanasse	e, Florid	a 32314			
1	Enclosed is a check for the following a	mount:						
	\$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 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: TOTAL MAI	NTENANCE OF TAMPA FIVE, LLC					
2. (a) Principal office address of limited liability company	y: 7250 COLLIŚ DRIVE					
(Note: MUST BE STREET ADDRESS)	NEW PORT RICHEY, FL 34653					
(b) Mailing address of limited liability company:	7250 COLLIS DRIVE					
(Note: MAY BE POST OFFICE BOX)	NEW PORT RICHEY, FL 34653					
JUNE 01, 2011	L11000063793					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:					
Registered Agent:	AB TOTAL MAINTENANCE, LLC.					
Registered Office Address:	8509 HAYWOOD CT TAMPA, FL 33634					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	DEYVYS RODRIGUEZ 8609 MALLARD RESERVE DRIVE					
(MUST BE FLORIDA STREET ADDRESS)	UNIT 201 TAMPA ,FL 33614					
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 dethorized representative of a member						
DEYVYS RODRIGUEZ Printed or typed name of signee	- SS					
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my post Chapter 608, F.S. Op if this document is being filed to men address. I hereby confirm that the limited liability company Signature of Registered Agent	Tree to act in this canacity I further paraetto					