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Aug 24. 2018

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: <u>Alcohol & Diug</u> Tester LLC Name of Limited Liability Company

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:

Heileo Mullu Name of Person

Alcohol & Duing Tester LLC Firm/Company

822 Tohns Ave Address

Lehigh Acres, FL 33972 City/State and Zip Code

hmusa 1972 @gmacil.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heilio Mailla Name of Person

_____at (<u>2]9</u>) ____292 3029

Code & Davtime 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:

」「国気S25 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. Name of the l	limited liability company: <u>A</u>	lcohol d	Ding	Tester 220	
2. (a) 822	Tohns Ave				
Prin	cipal office address of limited liability (<u>Note: MUST BE STREET ADDRI</u>		(Mailing addre	ess of limited liability company: (V BE POST OFFICE BOX)
<u>Lehi</u>	gh Acces, FL	31972			
	6 / 13 / 2011			1 1100000	58736
	ate of filing/registration in Flor	ida	4.	Document	
5. (a) Heil	teo Muller				
-	Agent and Registered Office shown on t				18
	1 Kelly Rol #4 1			33908	
	Office Address (MUST BE FLORI				21
1092	! Kelly Lal H	' 4	_		SEE P T
101	t Kelly Rol H t Kyeus	, FL	JJ	4 <i>08</i>	ED M 8: 92 SEE. FLORIN
(D) <u> </u>	ho planter				32
Enter name o	of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Of	<u>Mice addres</u>	<u>></u> .	
<u>NEW</u> Regis	stered Office Address:				
	Tohn, Ave				
Leh	igh Acces	FL	339	72	
the change or chan agent will be ident was/were authoriz the articles of orga	lity company is not organized un nges are made, the Florida stree tical. Or, in the case of a Florid red by an affirmative vote of the anization or the operating agree	t address of th la limited liabi members of t ment of the lir	e register lity comp he limiter	ed office and the bi any, it is hereby co l liability company lity company	usiness office of the registered infirmed that the change(s)
-	ber or authorized representative of a m			-	ped name of signee
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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

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