## LIICULO 86573

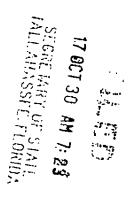
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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0.65.10.1							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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## **COVER LETTER**

	gistration Section vision of Corporations							
SUBJECT		HEAT of Limited Liabi		-	<u> </u>			
	Name	or Ellinga Elabi	nty Company					
Dear Sir or	Madam:							
The enclose	ed Registered Agent/Registered Office	Change and fee	(s) are submit	ted for filing.				
Please return all correspondence concerning this matter to the following:								
_	Name of Person							
GREGO HVAC  Firm/Company								
	13 Maya St.							
	Address							
	City/State and Zip Code	FC 3%	746					
E-ma	oregohace Indiadress: (to be used for future annua	l report notificat	ion)					
For further	information concerning this matter, pl	ease call:						
Dec	Name of Person	at ( <u>407</u> )	448- trea Code & E	- 763/ Daytime Telephon	e Number			
Rej Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle llahassee, Florida 32301	Regist Divisi P.O. B	ING ADDRI ration Section on of Corpora lox 6327 assec, Florida	n tions				
Enclosed is a check for the following amount:								
<b>⊡</b> 1	\$25 Filing Fee	□ \$55 F	Filino Fee & C	ertified Conv				

INHS18 (2/14)

## 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.

		1.1	0 - 1	~ 1 N	1-0110
1. Na	me of the limited liability company:	DH	Pat	and r	ITR (LC
2. (a)	Principal office address of limited liability company:	(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	•	f limited liability company:  E POST OFFICE BOX)
	413 Maya St.		P.	-	952022
	Laly Mory FL 327	<b>9</b> 6	La	lu mari	1, FL 32795
	7.28. 2011	•	L 11	10000	186573
3.	Date of filing/registration in Florida	4.		Document nur	
5. (a)	Demian Orozco				
v. (u)	Registered Agent and Registered Office shown on the records of t	he Florida I	Dept, of State:		
	1775 Rassett Leaf L	_/\)			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
	Longwood FL	32	750		SEC FALL
					ARCI ARCI
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	.bcc.		30 30 383
	<u> </u>	CONTRACT MARKET	•		ES A IN
	413 Maya Street				1. S. T.
	NEW Registered Office Address:				RIDA RIDA
	1 -10 00-	7 7	7(1 (		
	Lake Mary FI.		146		
the cha agent v was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ibility con f the limit	ered office npany, it is led liability ability com	and the busin hereby confir company or a pany.	ness office of the registered rmed that the change(s) as otherwise provided in
	Child I T		Den	Printed or typed	02(0
~	ure of a member or authorized representative of a member				
provisi the obl to mere notifiéd	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to act i performa i for in Ci iereby coi	n this capa nce of my d hapier 605, nfirm that t	city. I further luties, and I at F.S. Or, if th he limited liab	r agree to comply with the m familiar with and accept is document is being filed bility company has been

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