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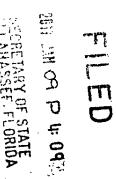
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Eerthscopes Desish Build (Name of Lighted 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:								
Michael Seris Name of Person Earthrops Ocsign Brile Firm/Company								
2264 Links Drive								
Fleming Tolend F1 32003 City/State and Zip Code								
Mike op ear Insurus design build. Lon E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Michael Seri at (704) 620 0626 Area Code & Daytime 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:								
№\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

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.	Na	me of the limited liability company:	L.pes		ish Build, L.L.	<u>l</u>
2.	(a)	10663 Lem Turie Road	, _ (b)	22	264 / icks Dr	119
	()	Principal office address of limited liability company:	_ (*)		Mailing address of limited liability	
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE	<u>: BOX</u>)
		Jecksonik + 1 52218	_	Flen	ning Island +1	<u> </u>
					<i>J</i>	
			-			
		10124/11		(_	11000 12 1364	
3.		Date of filing/registration in Florida	4.		Document number	
_	(-)	Michael Serie				
Э.	(a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	- e:	
				•		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS		-	
		970 Lakeridge Drive				
			·	7		
		Orang Fare, FL	ع در	2005		
					注	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Mice add	lress:	- AA Q	
		Enter have of the registered agent and of the registered c	Jinee adu	11 (33 .		П
		20164 LIMKS Drive			HAN ON P 4: 09 RETARY OF STATE AHASSEE, FLORIDI	O
		NEW Registered Office Address:			OR OR	
		Þ			10A	
						4-
		Frming Island, FL) 45	x13		
		3		•	-	
If t	he li cha	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t	s of the he regis	State of Flo tered office	orida, it is hereby confirmed e and the business office of th	that after he registered
age	ent v	rill be identical. Or, in the case of a Florida limited lial	bility co	mpany, it i	s hereby confirmed that the c	change(s)
the	s/we arti	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	imited li	iability con	y company or as otherwise pi npany.	rovided iii
	N	\ 05_		M	iched Selis	
- 5	Signat	ure of a member or authorized representative of a member			Printed or typed name/of signee	
1h	ierel	ry accept the appointment as registered agent and agre	e to act	in this cap	acity. I further agree to com	ply with the
the	obl	ons of all statutes relative to the proper and complete persons of my position as registered agent as provided by reflect a change in the registered office address, I have been a first change.	for in C	hapter 602	5, F.S. Or, if this document is	s being filed
no	tified	I in writing of this change.	c, coy co			
- C.	1/	e of Registered Agent				
SI	યુક્ષસાયા	e of Registered Agent				