## 41000192311

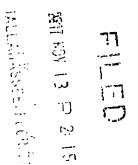
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiness Link, Name,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## COVER LETTER

Division of Corporations	
United Services of South FL SUBJECT:	LLC
<del></del>	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Robert Goldstein	
Name of Person	·····
United Services of South FL LLC	
Firm/Company	——————————————————————————————————————
8509 Windy Circle	ALL MARIE D
Address	· · · · · · · · · · · · · · · · · · ·
Boynton Beach FL 33472	
City/State and Zip Code	<del></del>
robgoldstein88@gmail.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Robert Goldstein	561 7044946
Name of Person	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:
4 \$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.

. (a)	8509 Windy Circle Boynton Beach FL 33472	(b)	8509 Wi	ndy Circle R	ovnton	December 2045
\-)		יטו		ildy Circle D	Oyinon	Beach FL 3347
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	11/21/2011	-  I	.1100013	32311		
	Date of filing/registration in Florida	4.		Document nun	nber	
	Edward T Gallagher					
. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
	8509 Windy Circle					
	Boynton Beach	33472				
	Robert Goldstein			53	53	
(b)		DfC 14		<u> </u>	ACH DEZ	- <b>M</b>
	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	ress:	ALLATASSE	<u></u>	1 3 n auto 1 1 2 7
				111 22 23	Ü	- ! - {*C
	NEW Registered Office Address:			***	Ü	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	8509 Windy Circle			P. 22:	· ···	<b>-</b>
				<b>1</b>	ວາ	
	Boynton Beach , FL	33472				
ie cha gent v as/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 liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the regist bility cor the limit imited lia	ered office npany, it is ted liability ability com	and the busine hereby confirm company or a pany.	ess office ned that t s otherwi	of the registered he change(s) se provided in
Signar	ure of a member or authorized representative of a member	<u> </u>	WKKI	T. GAUA Printed or typedu	THE E	nee
herel rovisi e obl	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h	e to act i	n this capa	city. I further	garee to	comply with the

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