L11000122824			
(Requestor's Name) (Address) (Address)	000281507040		
(City/State/Zip/Phone #)	02/08/1601013013 **25.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	16 FEB		
Special Instructions to Filing Officer:			
Office Use Only			
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## COVER LÉTTER

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Registration Section Division of Corporations

## Security Maintenance Services, LLC

SUBJECT: \_

ΫΟ:

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:

Horace Hernandez

Name of Person

Security Maintenance Services, LLC

Firm/Company

4204 S. Florida Ave Ste D.

Address

Lakeland, Fl. 33813

City/State and Zip Code

sales@lakelandlocksmith.com

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

For further information concerning this matter, please call:

Horace Hernandez	863 688-3468	
Name of Person	Area Code & Daytime Telephone Numbe	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	; amount:	
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

. . \_\_\_\_ \_ \_ . . . . . . . . . .

Rursuant 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.

ame of the limited liability company: SECURITY N	MAINTENA	NCE SERVICES, LLC
	(h)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
4204 S FLORIDA AVE STE D.		
LAKELAND, FL. 33813		
11/22/2011	L1	1000132824
Date of filing/registration in Florida	4.	Document number
Tracy D. Hill		
Registered Agent and Registered Office shown on the records of 4204 S. Florida Ave	f the Florida Dep	ot. of State:
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
Ste D		
Lakeland, Fl	L <sup>33813</sup>	
Horace Hernandez		
Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered</b>	d Office addres	s: The second seco
4204 S Florida Ave		<b></b>
NEW Registered Office Address:		
Ste. D		
Lakeland	, 33813	
ange or changes are made, the Florida street address o will be identical. Dr. in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agent	of the register iability comp of the limited e limited liab	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. HOVAL HVALAL Printed or typed name of signee this capacity. I further agree to comply with the
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 4204 S FLORIDA AVE STE D. LAKELAND, FL. 33813 11/22/2011 Date of filing/registration in Florida Tracy D. Hill Registered Agent and Registered Office shown on the records of 4204 S. Florida Ave Registered Office Address (MUST BE FLORIDA STREET Ste D Lakeland , Fl Horace Hernandez Enter name of NEW Registered Agent and/or NEW Registered 4204 S Florida Ave NEW Registered Office Address: Ste. D Lakeland , Fl imited liability company is not organized under the la nge or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited I imited liability company is not organized under the la nge or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited I ture of a member of buthered representative of a member by accept the appointment as registered agent and age is of of all statutes relative to the proper and completed ing of this change.	(b)

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

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