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SECRETARY OF STATE

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COVER LETTER

T0: Registration Section Division of Corporati	ons			
SUBJECT: Total Restoration Services Group LLC			<u>-</u> -	
	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 corresponder	nce concerning this r	matter to the following:		
		,		
Fred Fischer				
Name of Person				
Total Restoration S	Services Group II (<u>^</u>		
Total Restoration Services Group LLC Firm/Company				
40000 1 1 1 1 1	D. 1 A 11 14 1			
13000 Automobil	e Blvd, Suite 104 s			
Clearwate	r, Fl 33762			
City/State and Zip Code				
jamesb@totalre E-mail address: (to be used for fu	estorationfl.com			
E-mail address: (to be used for fu	ture annual report notificat	ion)		
For further information concerning this matter, please call:				
Fred Fischer	at (973) 277-9508		
Name of Person	ar (_	Area Code & Daytime Telephone Number	—	
STREET/COURIER A	DDRESS:	MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations	3	Division of Corporations		
Clifton Building	111	P.O. Box 6327		
2661 Executive Center C Tallahassee, Florida 323		Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
\$25 Filing Fee				

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

Pursuant to the provisions of sections 608.416 or 608.508, 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 limited liability company: Total F	Restoration Services Group LLC
2. (a) Principal office address of limited liability company	y: 13000 Automobile Blvd, Ste 104
(Note: MUST BE STREET ADDRESS)	Clearwater, FI 33762
(b) Mailing address of limited liability company:	13000 Automobile Blvd, Ste 104
(Note: MAY BE POST OFFICE BOX)	Clearwater, FI 33762
January 26, 2012	L12000012684
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Fred Fischer
Registered Office Address:	801 Allamanda Drive Belleair Bluffs, FI 33770
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	N Registered Office address:
NEW Registered Agent.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13000 Automobile Blvd Suite 104 Clearwater ,FL33762
If the limited liability company is not organized under the longitude that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Facilities to	<u> </u>
Fred Fischer Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post chapter 608, F.S. Or, if this document is being filed to men address. Increby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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