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| (Req | uestor's Name) | |
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| (Address) | | |
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| (City | /State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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ANA SSEE, FLORDA

COVER LETTER

| Division of Corporations | | | |
|--|---------------------------------------|--|------------------------------|
| SUBJECT: | SCHNEIDER | R'S SERVICE | SLLC |
| | Name of Limited | d Liability Comp | any |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/l | Registered Office (| Change and fee(s | s) are submitted for filing. |
| Please return all correspondence | concerning this m | atter to the follow | wing: |
| FLORINNE A S | | | |
| Firm/Compar | ny | | |
| 5000 FAIRM Address | ONT RD | | |
| LAKE WALES, City/State and Zi | | | |
| taxlady33884@ E-mail address: (to be used for future | yahoo.com annual report notificati | on) | |
| For further information concern | ng this matter, ple | ase call: | |
| FLORINNE SCHNEI | DER at (| 863) | 438-8644 |
| Name of Person | | | & Daytime Telephone Number |
| STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301 | cle | MAILING A Registration S Division of C P.O. Box 632 Tallahassee, 1 | Section Corporations |
| Enclosed is a check for the following amount: | | | |
| \$25 Filing Fee | | \$55 Filing | Fee & Certified Copy |

TO: Registration Section

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: SC | CHNEIDR'S SERVICES LLC | | | |
|--|---|--|--|--|
| 2. (a) Principal office address of limited liability compa | ny: 5000 FAIRMONT RD | | | |
| (Note: MUST BE STREET ADDRESS) | LAKE WALES, FL 33898 | | | |
| (b) Mailing address of limited liability company: | 5000 FAIRMONT TO | | | |
| (Note: MAY BE POST OFFICE BOX) | LAKE WALES, FL 33898 | | | |
| . 01/26/2012 | L12000012720 4. Document number | | | |
| 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: | ABW ACCOUNTING SOLUTIONS | | | |
| Registered Office Address: | 134 EAST MAIN STREET DUNDEE, FL 33838 | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: | EW Registered Office address: FLORINNE A SCHNEIDER | | | |
| NEW Registered Office Address: | 5000 FAIRMONT RD | | | |
| (MUST BE FLORIDA STREET ADDRESS) | LAKE WALES ,FL 33838 | | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the registered office | | | |
| LAWRENCE SCHNEIDER Printed or typed name of signee | <u> </u> | | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo | l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change. | | | |

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

Signature of Registered Agent