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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

9-1-1 Backflow & Home LLC

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:

Adolfo J Arenas

Name of Person

9-1-1 Backflow & Home LLC

Firm/Company

551 NW 41 Ave

Address

Coconut Creek, FL 33066

City/State and Zip Code

911backflownhome@gmail.com

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

For further information concerning this matter, please call:

Adolfo J Arenas

_{at (}954

245-8857

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:

■ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

12 DEC 21 PH 3: 18
SECARETAINS OF STATE
TALLAHASSEE, FLORIDA

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: 9-1-1 Backflow &	Home LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 1941 SW 65 Ter North Lauderdale, FL 33068	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1941 SW 65 Ter North Lauderdale, FL 33068	PER
04/09/2012	L12000047920	Cho Si
3. Date of filing/registration in Florida	4. Document number	ONE OF
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:
Registered Agent:	Adotfo J Arenas	
Registered Office Address:	1941 SW 65 Ter	
	North Lauderdale, FL 33068	
NEW Registered Office Address:	551 NW 41 Ave	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		
	Coconut Creek	,FL_33066
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	ne Florida street address of the dentical. Or, in the case of a lige(s) was/were authorized by serwise provided in the articles	e registered office Florida limited an affirmative vote of
Signature of a member or authorized representative of a member		
Adolfo J Arenas Printed or typed name of signee		
I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capaci e proper and complete perfor y position as registered agen o merely reflect a change in th pany has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.

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

INHS18 (05/08)