L12000 11322Y

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SEP - 4 2015 T. HANDPION

COVER LETTER : . .

TO: Registration Section Division of Corporations	
SUBJECT: Sore Spac	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jeff Scott	
Name of Person	
Sure Spect Hon (New) Firm/Company	a Inspector
4200 58 Cove LA	
Address	
Stuart FL 3 City/State and Zip Code	4997-1273
Jeff Scott 4171 @ E-mail address: (to be used for future annu	of yoloo, om all report notification)
For further information concerning this matter,	please call:
Jeff Scott Name of Person	at (561) 386 467/ Area Code & Daytime Telephone Number
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED
PERARTMENT OF THE SUFFICIENCY OF THE SUFFI

August 26, 2015

JEFF SCOTT 4200 SE COVE LAKE CIR 207 STUART, FL 34997-1273

SUBJECT: SURE SPECT HOME INSPECTION LLC

Ref. Number: L12000113224

We have received your document for SURE SPECT HOME INSPECTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 515A00018072

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.

Name of the limited liability company:	Sures/	1ect 1-	tome :	Inspection
2. (a) 27000 Partofine CI	2 # 106 ((b)		limited liability company.
Principal office address of imited liability (Note: MUST BE STREET ADDR			~	POST OFFICE BOX
Polm Beach GARVAN				
	33418			
08/17/2015				
3. Date of filing/registration in Flo	rida 4.	D	Ocument nun	nher
5. (a) SEFFRY L SC Registered Agent and Registered Office shown on	O++	do Dont of States		
	IDA STREET ADDRES	<u>S.S)</u>		
Paim Beach Gar Jeffrey	rdens, fr33	118		
Jeffrey	L SGOTT			5 SE
Irew -		•		
(b)	EW-Registered Office a	iddress:	,	TIE T
			747	F STAT
Y200 SE NEW Registered Office Address:	Cove LAK	a ce	70 /	語言
S + UAR+	FC 3	34997		>
	, FL			
If the limited liability company is not organized the change or changes are made, the Florida streagent will be identical. Or, in the case of a Florida stream.	et address of the reg ida limited liability (gistered office a company, it is l	and the busine hereby confir	ess office of the registered med that the change(s)
was/were authorized by an affirmative vote of the the articles of organization or the operating agree	ement of the limited	d liability comp	nanu.	
Signature of a member of puthorized tenrol turive oda	mumbar	<u> </u>	Printed or front	L Seott
I hereby accept the appointment as registered a provisions of all statules relative to the proper of the obligations of my position as registered age to merely reflect a change in the registered office notified in writing of this change.	ind complete perform of as provided for in the address, I hereby	mance of my di 1 Chapter 605, confirm that th	ities, ånd I an F.S. Or, if th we limited liab	n familiar with and accept is document is being filed pility company has been
Signature of Registered Agent				
Division of Corporat	tions• P.O. Box 63	27● Tallahass	ee, FL 32314	

FILING FEE: \$25.00

INHS1872/143