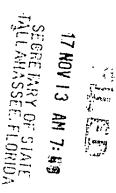
## 

| (Re                                     | questor's Name)  |           |  |  |  |  |
|---|------------------|-----------|--|--|--|--|
| (Ad                                     | dress)           |           |  |  |  |  |
| (Ad                                     | dress)           |           |  |  |  |  |
| (City/State/Zip/Phone #)                |                  |           |  |  |  |  |
| PICK-UP                                 | MAIT             | MAIL      |  |  |  |  |
| (Business Entity Name)                  |                  |           |  |  |  |  |
| (Do                                     | cument Number)   | <u> </u>  |  |  |  |  |
| Certified Copies                        | _ Certificates o | of Status |  |  |  |  |
| Special Instructions to Filing Officer: |                  |           |  |  |  |  |
|   |                  |           |  |  |  |  |
|   |                  |           |  |  |  |  |
| izatr **                                |                  |           |  |  |  |  |
| <b>69</b>                               |                  |           |  |  |  |  |
| <b>5 5 5</b>                            | Office Use Only  |           |  |  |  |  |
| E NO E                                  | )<br>(<br>(      |           |  |  |  |  |



11/14/17--01005--014 \*\*25.00



## COVER LETTER

| TO: Registration Section Division of Corporations              |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: CONSULIDATED SERVICE Name of Limited                  | S of Naples Liability Company                  |  |  |  |
| Dear Sir or Madam:   |  |  |  |  |
| The enclosed Registered Agent/Registered Office Change an      | nd fee(s) are submitted for filing.            |  |  |  |
| Please return all correspondence concerning this matter to the | e following:                                   |  |  |  |
| JOSPH G-RAZ/ANO Name of Person                                 |  |  |  |  |
| Cousolidated Services of                                       | Eloplas LC                                     |  |  |  |
| 248 BANGAN Blud,<br>Address                                    |  |  |  |  |
| Naples, Fl. 34102<br>City/State and Zip Code                   | <del></del>                                    |  |  |  |
| E-mail address: (to be used for future annual report not       | OM<br>ification)                               |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |
| Josan Grazialo at 315  | 723-2418  Area Code & Daytime Telephone Number |  |  |  |
|  | MAILING ADDRESS:                               |  |  |  |
|  | Registration Section                           |  |  |  |
|  | Division of Corporations                       |  |  |  |
| · · · · · · · · · · · · · · · · · · ·                          | Clifton Building P.O. Box 6327                 |  |  |  |
| 2661 Executive Center Circle T<br>Tallahassee, Florida 32301   | fallahassee, Florida 32314                     |  |  |  |
| Enclosed is a check for the following amount:                  |  |  |  |  |

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**≥**\$25 Filing Fee

## 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.

| 1. Na             | ame of the limited liability company: Causalla   | lated                    | Service                               | s of Ni  | anes                                     |
|-------------------|--|--------------------------|---------------------------------------|--|--|
|                   | 248 BANGANRIA.   | _ (b) _                  | 248                                   | RANGA  | 12 R/Wd.                                 |
| ()                | Principal office address of limited liability company:   | _ (9)_                   |                                       | address of limited liabi   |  |
|                   | (Note: MUST BE STREET ADDRESS)   |                          | ( <u>Nøte:</u>                        | MAY BE POST OF   | TICE BOX)                                |
|                   | Naples, F1, 34102  |                          | 10AD                                  | OS/F/,   | 34102                                    |
|                   |  |                          |                                       |  | <del> </del>                             |
|                   | à  |                          | 1 .                                   |  |  |
| 2                 | NWen Be R 27, 2012   |                          |                                       | 0148500  | 0  |
| 3.                | Date of filing/registration in Florida   | 4.                       |                                       | nent number  |  |
| 5. (a)            | Registered Agent and Registered Office shown on the records of the   |                          |                                       | , <u>.</u>   |  |
|                   |  | e rionaa De              | pr. of State.                         |  |  |
|                   | Registered Office Address (MUST BE FLORIDA STREET A  | DDRESS)                  |                                       | ₩.   |  |
|                   | Α  |                          |                                       |  | 17<br>217                                |
|                   |  | <b>コワノ</b>               | 12                                    | <u> </u>   | <b>40 ₹</b>                              |
|                   | ,FL_   | 336                      | [                                     | ASS  | ت الله الله الله الله الله الله الله الل |
| (b)               |  |                          |                                       | Æi≺<br>Eo  | À  |
| (0)               | Enter name of NEW Registered Agent and/or NEW Registered (   | Office addre             | <u>sş</u> :                           | 10 m   | 4 阿                                      |
|                   | 1 1/1 ( 22 - 112   |                          |                                       | ORII<br>ORII   | 47                                       |
|                   | NEW Registered Office Address:   |                          |                                       | D <sub>A</sub>   | <b>40</b>                                |
|                   |  |                          |                                       |  |  |
|                   | 248 BANYON KIVA.   |                          |                                       |  |  |
|                   | NAdes ,FL  | 341                      | 102                                   |  |  |
| 10.1              | 12   |                          |                                       |  |  |
| the cha           | imited liability company is not organized under the law<br>ange or changes are made, the Florida street address of t   | the register             | red office and th                     | ne business office   | of the registered                        |
| agent v           | will be identical. Or, in the case of a Florida limited lial<br>ere authorized by an affirmative vote of the members of  | bility com               | pany, it is hereb<br>d liability comp | y confirmed that the confirmed t | he change(s)<br>se provided in           |
|                   | icles of organi <del>zation or</del> the operating agreement of the I  |                          |                                       |  |  |
| Signa             | ture of a member or authorized representative of a member  |                          | Joseph                                | Or typed name of sign  | 7  |
| _                 | by accept the appointment as registered agent and agre   | e to act in              |                                       |  |  |
| provisi           | ions of all statules relative to the proper and complete p<br>ligations of my position as registered agent as provided<br>ely reflect a change in the registered office address, I h | performand<br>for in Cha | ce of my duties,<br>apter 605. F.S.   | and I am familiar<br>Or. if this docume  | with and accept<br>nt is being filed     |
| to mer<br>notifie | ely reflect a change in the registered office address. I h<br>d in writingfof this change.   | ěreby conf               | Irm that the lim                      | ited liability comp  | any has been                             |
| _                 | - Jahren   |                          |                                       |  |  |
| Signatu           | ire of Registered Agent  |                          |                                       |  |  |

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