## 113000010076

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL					
	(Business Entity Name)					
	(Document Number)					
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
. X.	Office Use Only					



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	s.			
énd n		S POWER ENTERPRISES LLC			
SUBJE	CT: Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.			
Please	return all correspondence concerni	ing this matter to the following:			
LUIS	R. SEMINARIO				
	Name of Person				
S & S	POWER ENTERPRISES LL	LC			
	Firm/Company				
2020	NW 129TH AVE SUITE 202				
	Address	<del></del>			
MIAN	1I, FL 33182				
	City/State and Zip C	Code			
	los@sspowerlog.com				
H	-mail address: (to be used for future	ire annual report notification)			
For fu	rther information concerning this n	natter, please call:			
LUIS	R. SEMINARIO	786 765 - 4275			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
	<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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.

l. N	ame of the limited liability company: S&S POWE	R ENT	ERPRISE	SILC	<del></del>
2. (a)		(	b)		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited li (Note: MAY BE POST C	ability company:
	2020 NW 129TH AVE SUITE 202		2020 NV	V 129TH AVE SUIT	ΓE 202
	MIAMI, FL 33182	_	MIAMI, F	L 33182	
	1/22/2013		L1300001	10076	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	LUIS R. SEMINARIO				
J. (a	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET)	-	-mg-sph		
	14531 SW 142ND COURT CIRCLE			_	30 %
	MIAMI	33186	6	-	4 2
	,			- 	6.6
(b)	Enter name of NEW Registered Agent and/or NEW Registered	_		· -	775 276
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	<u>ddress</u> :	lìn;	. 4 . 3
				Ę	9
	NEW Registered Office Address:			-	
	2020 NW 129TH AVE SUITE 202			_	
	MIAMI	_33182	2		
	, FL			_	
the ch agent was w	limited hability company is not organized under the latange or changes are made, the Florida street address of will be identical to in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the	f the reg iability of of the li	istered office company, it is mited liabilit	e and the business offices hereby confirmed that y company or as other	ce of the registered at the change(s)
LUIS R. SEMINARIO					
Sign	Signature of a member authorized representative of a member			Printed or typed name of signee	
provide the solution in the so	eby accept the appointment as registered agent and ag rions of all statutes relative to the proper and complete stigations of my position as registered agent as provide rely reflect a chapter in the registered office address, I get in writing of his chapte.	ree to a e perfori ed for in hereby	ct in this cap nance of my Chapter 605 confirm that	acity. I further agree duties, and I am famili 5, F.S. Or, if this docu the limited liability co	to comply with the iar with and accep, ment is being filed mpany has been
Signat	ure of Registered Agent				
	Division of Corporations • P.O.	Box 632	27• Tallahas	ssee, FL 32314	

FILING FEE: \$25.00