1300015493

(Requestor's Name)					
(Address)					
(Address)					
(City	/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	of Status			
Special Instructions to Filing Officer:					

Office Use Only



900310041059

03/09/18--01015--008 **25.00

18 MAR -9 PH 2: 3
SECKETARY OF STATE
TALL AHASSEE - FLORID

K. SALY MAR 1 1 2018

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	James L. Serwas, LLC							
	Name	of Limited Liab	ility Company					
Dear Si	ir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please	Please return all correspondence concerning this matter to the following:							
Jame	s L. Serwas							
	Name of Person							
Jame	s L. Serwas, LLC							
	Firm/Company		•					
6217	Matanzas Drive							
	Address							
Sebri	ng, FL 33872							
	City/State and Zip Code							
-	as@comcast.net							
E	-mail address: (to be used for future annu	ual report notifica	tion)					
For further information concerning this matter, please call:								
Jame	es L. Serwas	at (446-7272					
	Name of Person	·	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:		LING ADDRESS:					
	Registration Section Registration Section							
	Division of Corporations	Division of Corporations						
	Clifton Building	P.O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32301	I alla	hassee, Florida 32314					
	Enclosed is a check for the following amount:							
	☑ \$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.

1. N	lame of the limited liability company: James L. Serv	vas, Ll	-C	
2. (a)	4139 Sun'n Lake Blvd., Sebring, FL 33872	(b	4139 Su	n'n Lake Blvd., Sebring, FL 33872
(**	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	01/30/2013 Date of filing/registration in Florida	- · 4.	L1300001	5493 Document number
	Clifford M. Ables III	٦,		Botanicii namoci
5. (a	Registered Agent and Registered Office shown on the records of the 551 South Commerce Avenue Registered Office Address (MUST BE FLORIDA STREET A.)			SEI SEI
	Sebring FL	33870		芸器コ
(b	James L. Serwas Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	HAR -9 PH 2: 31 RETARY OF STATE LAHASSEE, FLORIDA
	NEW Registered Office Address:		-	
	4139 Sun'n Lake Blvd.			
	Sebring , FL	33872		
the cl agent was/v	limited liability company is not organized under the law range or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited liability.	the regineral bility confither the limited	stered office ompany, it is sited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	attire of a member or authorized representative of a member			Printed or typed name of signee
provi the oi to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a change in the change.	ee to act perform for in C ereby c	t in this capa ance of my a Chapter 605, onfirm that t	city I further agree to comply with the
Signa	ure of Registered Agent			
//	Division of Compositions P.O. P.	o= 622	ta Tallaha	no El 22214