## L13000029288

(Req	uestor's Name)	<u></u>				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2015

RONALD M. VANBUSKINK / INDIAN RIVER COUNTY HOME INSPECT 252 DOCK AVENUE SEBASTIAN, FL 32958 US

SUBJECT: INDIAN RIVER COUNTY HOME INSPECTION PLLC

Ref. Number: L13000029288

We have received your document for INDIAN RIVER COUNTY HOME INSPECTION PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 715A00004686

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

, COVER EFITER
TO: Registration Section Division of Corporations
SUBJECT: THOIAH RIVER COUNTY HOME THE PLLC  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:
Ronacs M VAN BUSKIKK Name of Person
INDIAN RIVER COUNTY HOME TISPECTIONS PLLC Firm/Company
252 Dock AUE Address
Address
SCBASTIAN FLORIDA 32958 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ron VAN BUSKINK at (202) 202.7003
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

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. Na	me of the limited liability company: INDIAN RIVER	COL	ראנ	TY HON	/E INS	PECTION	PLLC	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			252	Ooc I	dress of limited	I liability compar	
	252 DOCK AVE	_	_	252		AUC		·
	SEBASTIAN FLORIDA, 32958	-	_	Sega.	STIAM	FLORIDA	32958	
	MARCH 18th 2015		L1	300002	29288			
3. 5. (-)	Date of filing/registration in Florida	4.			Docum	ent number		
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florid	a De	pt. of State	):			
(b)	Registered Office Address (MUST BE FLORIDA STREET ALL UNITED STATES CORPULATION  13302 WINDING DAKS COURT , R.  TAMPA FLORIDA 33612  Enter name of NEW Registered Agent and/or NEW Registered Office Address:  252 OUCK AJC  13302 WINDING OF STREET ALL NEW Registered Office Address:  252 OUCK AJC	<u>AG</u> 50;-	7.17 TE	<u>A</u>			15 MAR -6 AM 8: 31	SECRETARY OF STATE SECRETARY OF STATE ORPORATIONS
	SCOAJTIANI, FL.	32	ર ડ	8	-			
the cha agent v was/we	imited liability company is not organized under the lawsunge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regi ility c the lir	ister omp nite liab	ed office bany, it is d liability fility com	e and the s hereby y compa npany.	business of confirmed the bury or as other	fice of the reg hat the change erwise provide	istered (s)
Signat	ture of a member or authorized representative of a member		10	SHACA	Printed of	or typed name o	of signee	
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agreen ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to ac erform for in ereby c	et in nanc Cha confi	this cape te of my o pter 605 irm that	acity. I duties, å , F.S. C the limit	further agree ind I am fami Or, if this doc led liability c	e to comply w iliar with and cument is bein company has b	ith the accept g filed seen
/	make 1							

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

Signature of Registered Agent