## 13000076683

(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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## **COVER LETTER**

	egistration Section ivision of Corporations				
SUBJEC'	All Island Property Maintenance, LLC  Name of Limited Liability Company				
502020					
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning th	is matter to th	ne following:		
Amy Se	iler				
	Name of Person		· · · · · · · · · · · · · · · · · · ·		
All Islan	d Property Maintenance, LLC				
	Firm/Company		<del> =</del>		
130 Arb	or Lane				
	Address		<u> </u>		
Taverni	er, Florida 33070			SEC	
	City/State and Zip Code			14 DEC -3 SECHE ASS	
AIPMIIC	@yahoo.com			SA OF THE	
E-m	ail address: (to be used for future and	nual report no	etification)		
For further	er information concerning this matter	, please call:		19 16 16 16 16 16 16 16 16 16 16 16 16 16	
Amy Se	iler	at (	304.9772	•	
	Name of Person	#1 (	Area Code & Daytime Telepl	none 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		
E	nclosed is a check for the following	g amount:			
Q	1 \$25 Filing Fee	<u> </u>	\$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	ame of the limited liability company: All Island Pro	perty Mair	ntenance, LLc
2. (a)	130 Arbor Lane	(b)	
-· ( <del>"</del> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tavernier, Florida 33070	<del></del>	
	11/21/2014	— — I13	3000076683
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	United States Corporation Agents, Inc		
J. (u)	Registered Agent and Registered Office shown on the records of	ot. of State:	
	13302 Winding Oak Court A		·
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Tampa Fi	33612	
	· · · · · · · · · · · · · · · · · · ·	·	The Way
(b)	Amy Sailax		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	
	130 Arbor Lane		
	NEW Registered Office Address:		<u></u>
	Key Largo	33070	
	, FL	<b>'</b>	
the cha agent v was/wa	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere ability comp of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I in writing of this change.	ree to act in i performance d for in Chaj hereby confil	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatu	are of Registered Agent		