L13000/00644

(Re	questor's Name)				
(Ade	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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C. CARROTHERS

COVER LETTER

Division of Corporations					
SUBJECT: Efficient Subrogation Services 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:					
Admir 20+0 Name of Person					
Finn/Company					
6861 46th way					
Pinellas Park FL 3378/ City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Admir 20to at (727) 481-8316 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 \$\text{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. Name of the limi	ted liability company:	Efficient	Subros	astion _	Services	: , LL
2. (a) <u>6861</u>	46th way		(b)			
•	office address of limited lis ote: MUST BE STREET A	• • •		•	f limited liability com E POST OFFICE B	
<u> </u>	as Park					
3. Date	of filing/registration in	n Florida 4		Document nu		
5. (a) United	shates Co	signorations	lorida Depr. of Stat	te Inc		
	Winding e Address (MUST BE F	_	+	_	TALLAUG	TI
(b) Adm	npa ir Zoto	, FL	336/2	_	=== ==================================	and and
	EW Registered Agent and	or NEW Registered Office	ce address:	_	\$ 10	
G86	46th u	λλγ		_		
<u>NEW</u> Registere	d Office Address:			_		
_ Pine	has Park	<u> </u>	3378/	_		
the change or change agent will be identica was/were anthorized	company is not organs are made, the Florida l. Or, in the case of a by an affirmative vote ation or the operating	street address of the Florida limited liabili of the members of the	registered offic ty company, it is a limited liability ted liability con	e and the busing is hereby confirm ty company or a mpany.	ness office of the samed that the character of the same of the sam	registered nge(s)
2-	or authorized representative			Printed or typed		
I hereby accept the a provisions of all state the obligations of my to merely reflect a ch notified in writing of	ppointment as register tes relative to the prop position as registered ange in the registered this change.	red agent and agree to per and complete perf agent as provided for office address, I here	o act in this cap formance of my in Chapter 60, by confirm that	pacity. I further duties, and I ar 5, F.S. Or, if th the limited lial	agree to comply in familiar with a site of a s	with the nd accept eing filed as been
Signature of Registered 7	gent					