13000111603

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

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2013 SEP 30 AM IQ: 07

J. SAULSBERRY EXAMINELL CT 3 2013

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	ECT: ABS Plumbing & Drain Name of Limited I	n Cleaning LLC		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted fo	r filing.	
Please	e return all correspondence concerning this matt	er to the following:		
C	Name of Person			2013 5
AB	S Plumbing & Drain Cleaning	ng LLC		7013 SEP 30 A
<i>2</i> 8/4	4 S. Harbox City Blvd.		TO ALL	
_He	City/State and Zip Code	<u>.</u>	1 1 1 1 1	
	-mail address: (to be used for future annual report notification)	e call:		
E	Name of Person at (32	21) <u>951-940</u> Area Code & Daytime Telephone N	umber	
	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		

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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 limited liability company: ABS P	umbingo Drain Cleaning LLe	
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	Melbourke, FL 32901	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	ZENY S. Horbor City Blad Melbruru, Fl. 52901	
08/07/2013	L13000111603	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
Registered Agent:	Chin Moran	
Registered Office Address:	57/al Newburg Circle. Melbourne, R. 32940	
(b) Enter name of NEW Registered Agent and/or N		
NEW Registered Agent:	Chia Moran	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2011 S. Harbor City Blvd	
(HOUR DE LEGISTADA DE L'ADVANCES)	Melbourne FL 32801	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office Intical. Or, in the case of a Florida limited (a) was/were authorized by an affirmative vote of wise provided in the articles of organization or	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, r.S. Or, if this document is being filed to a address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.	
Signature of Registered Agent		
Division of Corporations, P.O. Box		

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