## L13000120967

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JUN 1 6 2014 C. CARROLLES

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Byler Installation Services LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	this matter to the following:		
Daniel Byler (Name of Person)	•		
Byler Installation Services LLC (Firm/Company)			
203 5th Ave SE (Address)			
Ruskin, FL 33570			
(City/State and Zip Code)			
For further information concerning this matte	er, please call:		
Billi J. Byler	at ( 813 ) 957-3125		
(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:			
	☐ \$55 Filing Fee & Certified Copy		

## 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: Byler Instal	lation Services LLC	
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 203 5th Ave SE Ruskin, FL 33570	<del> </del>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	203 5th Ave SE Ruskin, FL 33570	75 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
August 27, 2013 3. Date of filing/registration in Florida	<u>L13000120967</u> 4. Document number	PH 4.2
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De	
Registered Agent:	Daniel Byler	
Registered Office Address:	2348 Roanoke Springs Dr. Ruskin, FL 33570	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	W Registered Office addres  203 5th Ave SE	<u>s</u> :
(MUST BE FLORIDA STREET ADDRESS)	Ruskin	,FL <u>33570</u>
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)	laws of the State of Florida, in et address of the registered off case of a Florida limited liabil by an affirmative vote of the r	t is hereby confirmed fice and the business ity company, it is nembers of the limited
Billi J. Byler (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the hinited liability company has been notifie	agree to act in this capacity. It oper and complete performan as registered agent as provid change in the registered office d in writing of this change.	I further agree to ce of my duties, and I led for in Chapter 608, e address, I hereby
(Signature of Registered Agent)		

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