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

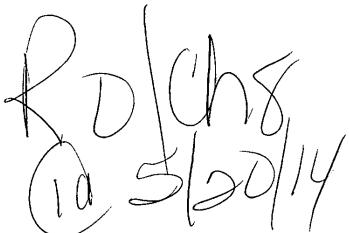
1 💥

Office Use Only



100259947801

05/09/14--01023--013 **25.00



COVER LETTER

Division of Corporations					
SUBJECT: Snippety Snip Proper Name of Limite	erty Mointenance LLC ed 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:					
Jose Morazan Name of Person					
Snippety Snip Property Maintenance LLC Firm/Company					
8550 NW 15th St Address					
Pembroke Rnes, FL, 33024 City/State and Zip Code					
little tiftary 89 Dyaboo.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call	l:				
Name of Person at (OK	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

INHS18 (2/14)

\$25 Filing Fee

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: Shippetu Ship Kopa	ty Mointenanc	<u>e U</u>	<u>C</u>
2.	(a)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	Mailing address of limited liab	_	
		8550 NW 15th St 855	10 NW 15th	St	
		Rembroke Pines FL 32024 Pen	nbroke Anes	FL	<i>330</i> a1
			287660		
3.		Date of filing/registration in Florida 4.	Document number		
5.	(a)	Jose Morazan			
		Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	te:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_		
		1291 SE vavajo cane.	-		
		Port St wee , FL 34983			-
	<i>(</i> L)			_	1
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	-	1	184 184
		1.0		HAY .	
		Jose Morazan	_	ė	
		NEW Registered Office Address:			
		8550 DW 15th St.		=======================================	監
		Rembroke Anes FL 33024	_	ණ	15 15.
the age wa	e cha ent w is/we	mited liability company is not organized under the laws of the State of Finge or changes are made, the Florida street address of the registered official be identical. Or, in the case of a Florida limited liability company, it re authorized by an affirmative vote of the members of the limited liability confides of organization or the operating agreement of the limited liability confides.	e and the business office is hereby confirmed that ty company or as otherwi	of the	registered inge(s)
	Jk	ure of a member or authorized representative of a member	ose Morazo	<u></u>	
v	_		Printed or typed name of sig		
I F pro the to no	heret ovisie obli mere tified	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 60 By reflect a change in the registered office address, I hereby confirm that I in writing of this change.	pacity. I further agree to a duties, and I am familian 5, F.S. Or, if this document the limited liability comp	comply with a sent is became the complex of the com	y with the and accept peing filed as been
Sig	gnatiri	e of Registered Agent			

4 . 14