## L130001a9363

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

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2016 FEB 12 PH 3: 42 SECRETARY OF STATE TAIL ANASSEE FLORIDA

FEB 1 2 2016 J. HARRIS

## **COVER LETTER**

SUBJECT: ANCHORED APPLIANCE REPAIR & SERVICES, LLC 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:			
Charle J. Key + Name of Person			
ANCHORED ALC & Heating Firm/Company			
1904 Barton Park Rd Svite 410 Address			
Auburndale, FL 33823 City/State and Zip Code			
Cinchored air (a) 9 mail - Com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Charles Key + at (863) 619-5355  Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section			
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			
Enclosed is a check for the following amount:  2 \$25 Filing Fee			





February 3, 2016

**CHARLES J KEYT** 1904 BARTON PARK RD SUITE 410 AUBURNDALE, FL 33823

SUBJECT: ANCHORED APPLIANCE REPAIR & SERVICES, LLC

Ref. Number: L13000129363

We have received your document for ANCHORED APPLIANCE REPAIR & SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00002316

Temus.

## STAGEMENT 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: ANCHORED APPLIANCE REPAIR & SERVICES, LIC
2. (a)	•
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1904 Barton Park ROAD SUITE 410 1904 Barton Park ROAD
	Auburndale, FL 33823 Suite 410 Auburndale, FL 33823
	09/12/2013 L13000129363
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Charles J Keyt
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	1/2 ARIETTA SHORES DRIVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1/2 ARIETTA SHORES DRIVE
	Auburndale FL 33823
(b)	Charles Justin KEYT
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	1904 Barton Park Rd. Suite 410
	Auburndale ,FL 33823
the cha agent v was/wo	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	Thades Justin Keyt
_	afe of a member or authorized representative of a member Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change
Signation	e of Registered Agent