## L13000/64255

(Request	tor's Name)				
(Address)					
(Address	s)				
(City/Stat	te/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
RA cla	~~				





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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: ukr-service, 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:				
Nevin Overmiller				
Name of Person	<del></del>			
ukr-service, LLC				
Firm/Company				
10510 77th Terrace #129	÷			
Address	<del></del>			
Seminole, FL 33772				
City/State and Zip Code	<del></del>			
Nevino @ acol· com  E-mail address: (to be used for future annual report notification)	<u></u>			
•				
For further information concerning this matter, plea	se call:			
Ne vin Olermiller at ()	727 432-84/7 Area Code & Daytime Telephone Number			
CONDUCTOR ADDRESS	, ,			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amo	unt:			
■ \$25 Filing Fee	□ \$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.	Nar	ne of the limited liability company: UKR-SERVICE, LLC		<u> 美点                                   </u>
2.	(a)	Principal office address of limited liability company		S E T
		(Note: MUST BE STREET ADDRESS)	Seminole, FL 33772	100 m
	(b)	Mailing address of limited liability company:	10510 77th Terrace #129	
	(-)	(Note: MAY BE POST OFFICE BOX)	Seminole, FL 33772	90 R
				5 i u
				<del>ီ                                    </del>
No	vembe	r 22, 2013	L13000164255	<u> </u>
3.	Dat	e of filing/registration in Florida	4. Document number	
5.	(a)	Registered Agent and Registered Office shown on the	he records of the Flori	da Dept. of State:
		Registered Agent:	TALVIN OBENIALLELIN	
		Registered Office Address:	10510 77th Terrace #129	
			Seminole, FL 33772	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office a	ddress:
NEW Registered Office Address:		NEW Registered Office Address:	10510 77th Terrace #129	
		(MUST BE FLORIDA STREET ADDRESS)	Seminole	.FL 33772
			Common	,1 D <u>vv</u>
co an lia the	nfirr d the bilit e me e ope	imited liability company is not organized under the land that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) imbers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of	the registered office
_		ULYK, Member or typed name of signec	-	
I co an Cr	here mply d I d	by accept the appointment as registered agent and as wwith the provisions of all statutes relative to the pro am familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to mer s, I hereby confirm that the limited liability company	sition as registered agi elv reflect a change ir	ent as proviaea jor in 1 the registered office

Signature of Registered Agent