1/4000020/69

(Requestor's Name)						
(Address)						
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(Address)						
(City	/State/Zip/Phone	∋ #)				
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MAR 2 6 2015 T. CARTER

COVER LETTER-

Division of Corporations	•					
Will Reeder Services, LLC						
SUBJECT: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 m	natter to the following:					
Wilburt Reeder						
Name of Person						
Will Reeder Services, LLC						
Firm/Company						
5100 Alligator Lake Rd.						
Address						
Saint Cloud, Fl. 34772						
City/State and Zip Code	· 					
wjreeder@embarqmail.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, plea	ase call:					
Wilburt Reeder	407 460 0338					
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 am	ount:					
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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	will Reeder S me of the limited liability company:	ervice	es, l	LLC	
2. (a)	5100 Alligator Lake Rd		b) _	5100 Alligator	Lake Rd
- . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Saint Cloud, Fl. 34772	`		-	ddress of limited liability company: MAY BE POST OFFICE BOX) 1. 34772
	February 05, 2014	_	L ¹	4000020169	
3.5. (a)	Date of filing/registration in Florida United States Corporation Agents, Inc.	4.		Docum	nent number
()	Registered Agent and Registered Office shown on the records of the 13302 Windingoak Court	he Florio	la Do	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>IDDRES</u>	<u>(S)</u>		
	Tampa , FL	33612	2		SEC TALL 15 M
(b)	Wilburt Reeder				CRETA
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddre	<u> </u>	SSEE,
	5100 Alligator Lake Rd.				ند. پن
	NEW Registered Office Address:			·····	AJE RIDA 36
••	Saint Cloud , FL	34772	2		
the char agent w was/we the arti-	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law included. Leader	the reg bility of f the lin limited	ister omp nite liab	red office and the pany, it is hereby d liability compa pility company. selin Reeder	e business office of the registered confirmed that the change(s) any or as otherwise provided in
I hereb provision the obli to mere notified	or a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete in the grations of my position as registered agent as provided by reflect a change in the registered office address, I have the change.	ee to ac perform I for in sereby (et in nane Che	this capacity. I	or typed name of signee further agree to comply with the and I am familiar with and accept Or, if this document is being filed ted liability company has been
Jighalu	Division of Corporations P.O. B	ox 632	7●	Tallahassee, FL	. 32314

FILING FEE: \$25.00