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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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EXAMINER

COVER LETTER

Division of Corporations							
SUBJECT: (SNC.a) Maintenance LLC Name of Limited Liability Company							
Name of Emitted Elability 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:							
Ks. Stofer H. Ads Name of Person							
Crucial Maintenance LLC Firm/Company							
Firm/Company 67							
100 State Street FLR 11							
Boston MA 02109							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Walter H. 4d. at (617) 293-7383 Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:							
S S S Filing Fee							

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 10/100					
1. Na	ime of the limited liability company: Crucal	Ma	.utensace	<u> しし(</u>	
2 (a)		(b)			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)			
	100 State Street FLRI	. 1	100 State	c 5+1/2c	+ FLR
	BOSTON WA 02109	_	Boston	WA	02109
	4/21/14		L14000	00643	92
3.	Date of filing/registration in Florida	4.	Document nui		
5. (a)	A: Her Zaretsky Lieber Registered Agent and Registered Office shown on the records of the	ナ 丁へ	me LCP		
	D	DRECC			
	Registered Office Address (MUST BE FLORIDA STREET ADD				SE .
	2915 Biscayne Blod	Su.	re Sco	٠. ء	SEP 12
	M. G. Mi.	331	37	a	전 장
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice addres	<u>s</u> :	. ·	9: 25
	NEW D. January 1005 J. Addison				
	NEW Registered Office Address:	LR			
	Briton FL				
the cha agent was/we the arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line.	e register llity comp he limited	ed office and the busin any, it is hereby confir I liability company or a	ess office of med that the	the registered change(s)
M	ture of a member or authorized representative of a member		Mike Dus	1. +>	
Signa	ture of a member or authorized representative of a member		Printed or typed	name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe- igations of my position as registered agent as provided fo ely reflect a change in the registered office address. I her I in writing of this change.	to act in erformanc or in Cha reby confi	this capacity. I further e of my duties, and I ar pter 605, F.S. Or, if th rm that the limited lial	r agree to cor m familiar wi nis document bility compan	nply with the th and accept is being filed y has been

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

Signature of Registered Agent