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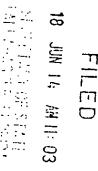
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(Document Number)					
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Special Instructions to Filing Officer:					
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K. SALY
JUN 1 5 2018

## **COVER LETTER**

TO: '	Registration Section Division of Corporations			
SUBJE	O'Neal Home Services LLC			
SOUTE		of Limited Liab	oility Company	
Dear Si	r or Madam:			
The end	losed Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.	
Please r	eturn all correspondence concerning this	matter to the fo	llowing:	
Dennis	s O'Neal			
	Name of Person		-	
O'Nea	l Home Services LLC			
	Firm/Company		-	
521 6t	h Street			
	Address		-	
Holly I	Hill, FL 32117			
	City/State and Zip Code		-	
donea	l5332@gmail.com			
E	mail address: (to be used for future annu	al report notifica	ation)	
For furt	her information concerning this matter, p	olease call:		
Denni	s O'Neal	386	852-2857	
	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 amount:				
	\$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.

I. Na	me of the limited liability company:	SER	RVICES LL	С
2. (a)	521 6TH ST.	(b) 521 6TH ST.		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	,	Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	HOLLY HILL, FL 32117	_	HOLLY	HILL, FL 32117
	06/09/2014	=	L1400009	91982
3.	Date of filing/registration in Florida	4.		Document number
5. <b>(a</b> )	UNITED STATES CORPORATION AGENTS,	, INC.		
, ,	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT  Registered Office Address (MUST BE FLORIDA STREET AL			: -
	Α			
	TAMPA , FL 3	3612		54 B
(b)	KELLY BIRKHOFER  Enter name of NEW Registered Agent and/or NEW Registered O	office ad	ldress:	FILED AT 18 03
	521 6TH STREET			
	NEW Registered Office Address:			<u> ည</u> ထိ
	HOLLY HILL FL 3	32117		
the cha agent v was/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	s of the he regi pility co the lin mited	e State of Flo istered office ompany, it is nited liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
I here, provisithe oblito mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he din writing of this change.	e to ac erform for in ereby c	t in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been