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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	,	:
SUBJ	Southside Electrical Services LL	.C	
3000		Name of Limited	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to th	ne following:
Jerad N	N Purvis		
	Name of Person		· <del></del>
Souths	ide Electrical Services LLC		
	Firm/Company		
6B El I	Red Dr		
	Address		<del></del>
Tavare	s, FL 32778		
	City/State and Zip Coo	ie	<del></del>
jeradpı	ırvis@gmail.com		
F	E-mail address: (to be used for future	annual report no	tification)
For fu	rther information concerning this man	iter, please call:	
Michel	lle Purvis	352 at (	459-9225
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ing amount:	
	□ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy
INHS1	8 (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.

Na	me of the limited liability company:  Southside Electrica	l Serv	vice	s LLC		_			
(a)	6B El Red Dr		(b)	6B El R	ed Dr				
(**)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	<b>\</b>	· <del></del>	_		of limited <i>BE POST</i>		company: E BQX)
	Tavares, FL 32778	_		Tavares,	FL 3277	<u> </u>			
	10/01/2014	_	1		3152				
(a)	Date of filing/registration in Florida Michelle Purvis	4.	_		Docu	ment n	umber		
(a)	Registered Agent and Registered Office shown on the records of the 31309 Saunders Cr	ie Floi	rida	Dept. of St	ate:				
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRI</u>	ESS)	<u> </u>					
	Tavares, FL_3	32778	\ \ 		_		W LWI	2019 DEC	<b>~</b>
(b)	Jerad N Purvis						533	C 30	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	<u>Office</u>	ado	lress:				PH 12:	
	6B El Red Dr							12: 33	<u> </u>
	NEW Registered Office Address:							ũ	
	Tavares FL <sup>3</sup>	32778	ļ		<del></del>				
ange ent w is/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egist pility the l imite	ere coi limi d li	d office a mpany, it ited liabil ability co	ind the l is herel ity com impany.	ousines by conf pany o	s office of firmed the r as othe	of the reat the crwise p	egistered :hange(s)
	ure of a member or authorized representative of a member	_	_	Jeras)	N.	Fur <sub>v</sub>	小ら ed name of	fsionce	
hereb ovisie obli mero	ov accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p igations of my position as registered agent as provided plyrefleet a change in the registered office address, I he I in writing of this change.	e 10 (	201	in this ca	nacity	I furth	er aaree	to com	ply with th h and acce s being file has been