

L14000179174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

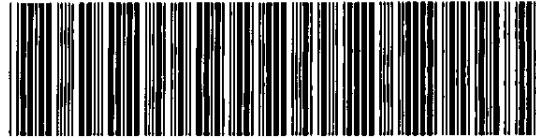
(Business Entity Name)

(Document Number)

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2018 MAR -5 A 9:10  
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TALLAHASSEE, FLORIDA

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2018 MAR -5 PM 4:05  
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TALLAHASSEE, FLORIDA

REMOVED

3/6/18 ES

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 095690 7197430  
AUTHORIZATION : *Spud Coleman*  
COST LIMIT : \$ 25.00

ORDER DATE : March 5, 2018  
ORDER TIME : 2:51 PM  
ORDER NO. : 095690-005  
CUSTOMER NO: 7197430

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CHANGE OF AGENT

NAME: SUPER RESTORATION SERVICE CO.,  
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Super Restoration Service Co., 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:

Catherine M. Conneely  
Name of Person

Ferrante & Associates  
Firm/Company

126 Prospect Street  
Address

Cambridge, MA 02139  
City/State and Zip Code

cmc@ferranteandassociates.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine M. Conneely at ( 617 ) 868-5000 ext. 223  
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

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**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. Name of the limited liability company: Super Restoration Service Co., LLC

2. (a) 1701 NW 87th Avenue, Suite 200  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Doral, Florida  
33172

(b) 1701 NW 87th Avenue, Suite 200  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Doral, Florida  
33172

3. 11/12/2014 Date of filing/registration in Florida

4. L14000179174 Document number

5. (a) Thomas O. Wells, P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
540 Biltmore Way  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Coral Gables, FL 33134

(b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1201 Hays Street  
NEW Registered Office Address:  
Tallahassee, FL 32301-2525

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member: Rene J. Vargas, Sr.  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Emily Croft  
Signature of Registered Agent  
**Emily Croft**  
**Asst. Vice President**  
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00