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(Address)						
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## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: Reliable Boot Lift Seevices LC 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:							
Richard D. leigh Name of Person							
Reliable Boat Lift Services LCC Firm/Company							
230 CARAVAN Cie Address							
North Fort Mycro FC 33903 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Richaed leigh at (235) 462-1495  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							

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## . 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

rioriac	~	_	<b>~</b> '		
l. Na	me of the limited liability company: Keliable	Boat Ligh	- Service	25	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>230</u>	CAZAVAM ailing address of limited li (Note: MAY BE POST O	ability com	ipany;
	North Fort Myers	Nost	h Fort n	Mas	<u>.</u> S
	FL 33903	FC	3390	3	
	1/12/2015	L150	2000	23	
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Richard D. Leich	S.L. Florida Dona of Stoom			
	Registered Agent and Registered Office shown on the records				
	Registered Office Address (MUST BE FLORIDA STREE	<del></del>			
(b)	Foet myers	fl <u>33905</u>	TALLAHAS	2018 JUL 2	FIL
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	SEE, FLORID	7 AH 9:	ED.
	NEW Registered Office Address:			it a	
	230 CARAVAN C	i'e cle			
ſ	York Fort Mycres.	FL 33903			
the cha agent w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the street of the street or the operating agreement of the street or the str	of the registered office I liability company, it is its of the limited liability the limited liability com	and the business offic hereby confirmed that company or as other pany.	ce of the int the char wise prov	registered nge(s)
	ure of a member or authorized representative of a member	Michaed	Printed or typed name of	<u>-Á</u>	
34gnat	ure of a member of authorized representative of a member		Timed of open name of .	. r	

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.

Signature of Registered Agent