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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 911 Plumber Energency Service UC 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:						
Name of Person						
RESTORATION I OF WEST FAM BEACH Firm/Company						
8060 BENEDELE Rd, SUFE 6 Address						
WEST PAM BEACH, FL. 3341) City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
at (561) 223-3040						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section Division of Corporations Division of Corporations						
Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
\$25 Filing Fee \$\to\$ \$55 Filing Fee & Certified Copy						

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 tortuu.					
1. Name of the	he limited liability company:	911 Plumb	ER EMER	gency SE	RVICE LLC
2. (a) <u>325c</u>	Principal office address of limited to	ability company:	1	ing address of limited lia ote: MAY BE POST O	
3.	1/20/2015 Date of filing/registration in	n Florida 4.		Cument number	1
	EK MENENCEZ ed Agent and Registered Office sho	wn on the records of the Flori	da Dept, of State:		
22 Register	50 NE 12 th ST red Office Address (MUST BE I	POMICATIO BEA		3062	
32	50 N.E. 12th st,	Pompano BE	pett	A	- 1
(b) Enter na	TAMAS KRISZ me of NEW Registered Agent and	FL 3		LAHASSEE,	JUN 28 PM
91 <u>NEW</u> R	1 Plumber Emed egistered Office Address:	soency Suc. U	<u> </u>	STATE FLORID/	⊕ □ 6
_7	77 South Flag	ER DR. SUH	E 800	, and the second	
$\overline{\omega}$	Est Palm Beac	h ,FL 32	340L		
the change or cagent will be in was/were authorized	ishility company is not organ changes are made, the Florida dentical. Or, in the case of a orized by an affirmative vote organization of the operating	street address of the reg Florida limited liability of the members of the li agreement of the limited	gistered office and company, it is he mited liability co I liability compar	d the business offic reby confirmed that impany or as otherway.	e of the registered the change(s)
Signature of a n	nember or authorized representative	of a member	FELK MER	NEMEZ nted or typed name of si	gnee

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