## L15000082011

(Re	equestor's Name)					
(Ad	ldress)					
(Ad	Idress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	ocument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					

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> 16 MAY -2 AMII: 01 SECRETARY OF STATE TALLAHASSEE, FI ORIO

1.HARRIS

## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	Space Coast Pressure Pros LLC				
	Name of Limited Liability Company				
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the fo	ollowing:		
Sampson	Joel Pomerleau				
	Name of Person		_		
Space Co	ast Pressure Pros LLC				
	Firm/Company		_		
3151 Wat	erside Cir				
	Address		_		
Titusville I	FL 32780		_		
	City/State and Zip Code		_		
	acecoastpressurepros.com		<b>—</b>		
E-mail	address: (to be used for future and	nual report notific	cation)		
For further i	nformation concerning this matter	, please call:			
Leslie Bat	oecki	407 at (	967-1677		
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number		
	REET/COURIER ADDRESS:		ILING ADDRESS:		
	istration Section	Registration Section			
	ision of Corporations		ision of Corporations  Box 6327		
	ton Building  I Executive Center Circle		lahassee, Florida 32314		
	ahassee, Florida 32301	1 di			
Eng	closed is a check for the following	g amount:			
<b>A</b> 8	25 Filing Fee	<b>☑</b> \$5	5 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.

2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	351 Wa	aterside Cir				
()	· · · · · · · · · · · · · · · · · · ·	`						
	(Noie: MUSI BE STREET ADDRESS)			Mailing address	of limited			:
			T10	( <u>Note: MAY</u>		<u>OFFIC</u>	<u>E BUX</u> )	
	Titusville FL 32780		- Itusvill	e FL 32780				
	May 8th 2015	<del></del>	L150000	82011				
3.	Date of filing/registration in Florida	4.		Document n	umber			
5. (a)	Sampson Joel Pomerleau			•				
51 (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Star	te:				
	351 Waterside Cir Titusville FL 32780							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>s)</u>	<del>-</del>				
	351 Waterside Cir			_	3S	16		
	Titusville, FI	32780	1	<u> </u>	CKETAR LLAHASS	THY Y	e person	
(b)	Raymond O Burger				ASSE	-2	is set in the set of t	,
(~)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ac	ldress:	_	E. FL	AM II: O		
					Y OF STATE SEE, FLORID,	:0	•	
	NEW Registered Office Address:			_	Þ			
	, FI	<u>.</u>		_				
If the l	imited liability company is not organized under the la	ws of the	State of FI	orida, it is he	reby conf	firmed	that afte	er
the cha agent was/w	ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative one of the members icles of organization of the perating agreement of the	f the regi lability c of the lin	stered offic ompany, it in ited liability	e and the bus is hereby cont ty company or	iness offi	ce of	the regis	stered
		Sa	mpson Jo	el Pomerle	au			
Signa	ture of a member or authorized representative of a member			Printed or type	ed name of	signee		
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac e perforn ed for in hereby c	t in this cap nance of my Chapter 60. onfirm that	oacity. I furth duties, and I 5, F.S. Or, if the limited li	er agree am famil this docu ability co	to con iar wi iment i impan	nply with th and a is being y has be	h the ccept filed en