## 15000085429

(Requestor's Name)					
(Address)					
(Address)					
, (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800302715408

08/25/17--01021--022 \*\*25.00

17 AUG 25 AH II:49

AUG 2 S 2017

Y . "3

## COVER LETTER

Division of Corporations					
All Pro Contracting Services, LLC SUBJECT:					
	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Keith McWilliams					
Name of Person					
All Pro Contracting Services, LLC					
Firm/Company					
395 Orange Lane					
Address					
Casselberry, FL 32707					
City/State and Zip Code	<del></del>				
keith@allprofl.com					
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please c	all:				
Keith McWilliams 40	07 595-9171 )				
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				

## 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. N	ame of the limited liability company:	All Pro Contra	acting Service	es, LLC
2. (a)	395 Orange Lane Casselberry,	FL 32707	(b) 395	Orange Lane Casselberry, FL 32707
(,	Principal office address of limited liab (Note: MUST BE STREET AL			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	04/15/2015  Date of filing/registration in	Florida	L1500	00085429
5. (a	Keith McWilliams - President	Fiorida	4.	Document number
(b)	Registered Agent and Registered Office show 1830 Barton St.  Registered Office Address (MUST BE FL	n on the records of  ORIDA STREET		f State:
	Longwood	, F1	32750	
	Keith McWilliams - President			7 80
	Enter name of NEW Registered Agent and/o	r <u>NEW Registered</u>	l Office address:	17 AUG 25
	395 Orange Lane			1774
	NEW Registered Office Address:			AHII: 49
	Casselberry	, FI	_32707	
the chagent was was was well as the archive sign of the chape of the chape when t	ange or changes are made, the Florida savill be identical. Or, in the case of a Fere authorized by an affirmative vote of icles of organization or the operating a latter of a member or authorized representative caby accept the appointment as registered.	street address of lorida limited li of the members of greement of the of a member	f the registered of the limited liability company of the limited liability   Keith Mc'	1 •