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SECRETARY OF STATE

JUN 22 2015 BRUCE

## **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: MIKA SERVICES,	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	on Change and faces) are submitted for filing
Please return all correspondence concerning this	matter to the following:
KELLY ROGERS  Name of Person	
MIKA SEAVICKS, LLC Firm/Company	
PALM LARBOR, FL 34685  City/State and Zip Code	STA CO.
KELLYNSURF@GMAIL. CL	OM 54
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Kelly Rogens Name of Person	at ( 727 ) 277-8307 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 a	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. Name	of the limited liability company: MIKA	SERVIC	5, LLC		······································
2. (a)		(b) _	•		
-· ( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (%)_	_	address of limited lial	
	334 EAST LAKE RD, SumE#17	9	334 RAST	LAKE RD, S	WITE # 179
	PALL HARBOR, FL 34685	· -		BOR, FL 3	
	JUNE 3, 2015		L15000	097116	
3.	Date of filing/registration in Florida	4.	Docui	nent number	
5. (a)	LEMANDE UNITED STATES COA	PORATIONS	AGENTS S	Tix	
	ristered Agent and Registered Office shown on the records of t				
,	13302 WINDING DAK COVET				
	gistered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
-	SWATE A			ZS 2E	
7	TAMPH, FL., FL.	3361	2	2015 JUN SECRETA	77
(b)	KELLY houses			JUN 19 RETARY AHASSEE	
	er name of NEW Registered Agent and/or NEW Registered	Office addres	<u>s</u> :	E P	
3	334 EAST LAKE TD, BODIED,	019		. IO: 5 STATE LORID	D
NE.	W Registered Office Address:			.≫`` -•	
_	SUITE #179				
Z	Pales HARBOZ, 1, FL	3468	5		
If the limit	ed liability company is not organized under the law	vs of the Sta	te of Florida i	t is hereby confir	med that after
the change agent will b	or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited lie authorized by an affirmative vote of the members of	the register ability comp	ed office and the company, it is hereby the company of the company	he business office by confirmed that	of the registered the change(s)
the articles	s of organization or the operating agreement of the	limited liab	ility company.	2	
_hu	of a member of authorized representative of a member		KELLY 1	HOGELS d or typed name of sig	ynaa
I hereby a	accent the annointment as registered agent and agr	ee to act in performanc	this capacity	I further garee to	comply with the
noujieorin	of all statutes relative to the proper and complete tions of my position as registered agent as provided reflect a change in the registered office address, I have the property of this change.	hereby confi	rm that the lin	or, y mis accum nited liability com	pany has been
Signature of	W POCLARIO Registered Agent				