## 15000) 136006

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	-	

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SECRETARY OF STATE

K SALY AUG 24 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	Cerium Testing LLC			
	Name of Limited Liability Company			
Dear S	iir or Madam:			
The en	closed Registered Agent/Registered Off	fice Change and fe	e(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the fo	llowing:	
John	Robert Washington			
	Name of Person		-	
Ceriu	m Testing LLC			
	Firm/Company		-	
5375	SW 82nd St			
	Address		-	
Ocala	a, FL 34476			
	City/State and Zip Code		-	
jrwsh	ngtn@yahoo.com			
E	E-mail address: (to be used for future and	nual report notific	ation)	
For fu	rther information concerning this matter	, please call:		
John	Washington	305	297-7475	
	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	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee	☐ \$55	Filing Fee & Certified Copy	

INHS18 (2/14)

## 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)	John Washington	(1	(b) John Washington
,	Principal office address of limited liability company		Mailing address of limited liability company:
	(Nate: MUST BE STREET ADDRESS) 5375 SW 82nd St		(Note: MAY BE POST OFFICE BOX) 5375 Sw 82nd St
	5575 SW 62Hd St		3373 SW 8210 St
	Ocala, FL 34476		Ocala, FL 34476
	August 10, 2015		L1500136006
	Date of filing/registration in Florida	4.	Document number
a)	United States Corporation Agents, Inc.		
a)	Registered Agent and Registered Office shown on the recon	ds of the Florid	da Dept. of State:
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRES.	SSI
	13302 Winding Oak Ct., Suite A		TA SE
	Tampa	, FL_33612	T CARE
o)	John Robert Washington		ASSE A
"	Enter name of NEW Registered Agent and/or NEW Regis	tered Office ac	address:
	Cerium Testing LLC		18 AUG 16 AH 19: 19 TALLANASSEE, FLORIDA  address:
	NEW Registered Office Address:		
	5375 SW 82nd St		
	OCALA	<sub>FI</sub> 34476	6
ha	inge or changes are made, the Florida street addre	ss of the regi	ne State of Florida, it is hereby confirmed that afte gistered office and the business office of the regist
we rti	ere authorized by an affirmative vote of the members of organization of the operating agreement of	ers of the lir f the limited	company, it is hereby confirmed that the change(s mited liability company or as otherwise provided d liability company.  Toh R Washington  Printed or typed name of signee
ret	ture of a member or authorized representative of a member by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as property reflect a change in the repistered office address in writing of this change.	d agree to ac	Printed or typed name of signyle ' ict in this capacity. I further agree to comply with mance of my duties, and I am familiar with and ac in Chapter 605, F.S. Or, if this document is being for confirm that the limited liability company has bee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00