(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;							
J DENNIS							
JUL 2 0 2023							

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	TOP MAINTENANCE LLC ECT:	ret						
., 0 ., 0		Name of Limited	Liability Company					
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office Change an	nd fee(s) are submitted for filing.					
Please	return all correspondence concerning	this matter to th	e following:					
SYLVI	IA ZAKZUK							
	Name of Person							
TOP M	IAINTENANCE LLC							
	Firm/Company							
20900	NE 30TH AVE Suite 415							
	Address							
MIAM	I, FL 33180							
	City/State and Zip Cod	e						
szakzu	k@sylcagroup.com							
E	-mail address: (to be used for future	annual report not	ification)					
For fur	ther information concerning this mat	ter, please call:						
SYLV	IA ZAKZUK	305 at (937-7778					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the follow	ing amount:						
	■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy					
INHSI	8 (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.

l. Na	me of the limited liability company:TOP MAINTEN	IANCE I	LLC			
2. (a)			(b)			
(1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	l liability c	ompany:
	20900 NE 30TH AVE Suite 415		20900 NE	30TH AVE Suite 415		
	MIAMI FL 33180		МІАМІ Р	L 33180	_	
	09/03/2015		L15000151	511		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records o REGISTER AGENT SOLUTIONS INC	f the Flori	da Dept. of Sta	de:	2023 +	m L
	Registered Office Address (MUST BE FLORIDA STREET 155 OFFICE PLAZA DR SUITE A	'ADDRE	SS)	_	2023 MAY 17	FILI FILI FIARY FICTOR
	TALLAHASSEE , F	L 32301		_	PH 3: 07	ED 7 OF STATE ORPORATIONS
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> SYLVIA ZAKZUK	d Office :	address:	_	-	C.
	NEW Registered Office Address:			-		
	20900 NE 30TH AVE Suite 415			_		
	<u>MIAMI</u> , F	L_33180				
change agent v was/wæ	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lies, authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e registe iability (of the li e limited	red office an company, it i mited liabili	nd the business office is hereby confirmed the ty company or as othe impany.	of the re at the ch	gistered lange(s)
Signal	ture of a member or authorized representative of a member			Printed or typed name o	f signee	
provisi the obl to merc notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I l'in writing of this change. The of Registered Agent	e perfori	nance of miv	duties, and I am fami	liar with	and accept