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SUCRETARY OF STATE

JAN 2 5 2016

S MASON

COVER LETTER

_	sion of Corporations				
SUBJECT:	Maintenance Department LLC				
SOBJECT.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please return	all correspondence concerning this m	atter to the following:			
Edward M	iller				
-	Name of Person				
	Firm/Company				
190 NE 11	11 Street				
	Address				
Miami Sho	ores, FL 33161				
	City/State and Zip Code				
EDDIE	@ main dept. com address: (to be used for future annual				
E-mail	address: (to be used for future annual	report notification)			
For further i	nformation concerning this matter, ple	ase call:			
Carl	a Brown	1 300 403 - 3692			
	Name of Person	Area Code & Daytime Telephone Number			
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
Ξ \$:	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.

l. Na	ame of the limited liability company:	Departme	ent LLC	
2. (a)	190 NE 111 Street	(b) PO Box 530068		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Miami Shores, FL 33161		Miami Shores, FL 33153	
	December 15, 2015	— – L1	5000208429	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Edward Miller			
(u)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:	
	9840 NE 2 Ave			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	Miami Shores	33138		
	, rı	-1		
(b)			SS: 2016 JAN TO SS: SS: SS: SS: SS: SS: SS: SS: SS: SS	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	SS: OP O	
	Edward Miller		EFOF A	
	NEW Registered Office Address:		TOR STA	
	190 NE 111 Street		5) 10A	
	Miami Shores , FI	33161		
the charagent vas/wethe arti	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the operating agreement of the operation of the appointment as registered agent and against of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If the proper change in the registered office address. If the proper change in the registered of the address.	f the register iability composite limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in polity company. Printed or typed name of signee	
/	are of Registered Agent			

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