210000003756

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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SECRETARY OF STATE

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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUB	JECT: East Coast Oven Repair LL			
	Nai	ne of Limited L	iability Company	
Dear	Sir or Madam:			
The o	enclosed Registered Agent/Registered Of	fice Change and	I fee(s) are submitted for fil	ling.
Pleas	se return all correspondence concerning the	nis matter to the	following:	
Tho	mas G. Warren			
	Name of Person			
Eas	t Coast Oven Repair LLC			
	Firm/Company			
453	2 Redwing Court			
	Address			
Mid	dleburg,Florida 32068			2016 TAL
	City/State and Zip Code		_	MIN MAY 23 SECRETARY ALLAHASSE
eas	tcoastoven@gmail.com			MAY 23 P RETARY OF AHASSEE, F.
	E-mail address: (to be used for future an	nual report noti:	fication)	
For f	urther information concerning this matter	, please call:		3: 02
Tho	mas G. Warren	904	635-1604	<i>9</i> 2.
	Name of Person		Area Code & Daytime T	elephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	2 \$25 Filing Fee	□ \$	55 Filing Fee & Certified C	Сору

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.

. Na	ame of the limited liability company: East Coast O	ven Repair Ll	LC	
2. (a)	Thoams G. Warren	(b) Thomas G. Warren		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4532 Redwing Court	4532	Redwing Court	
	Middleburg, Florida 32068	Midd	lleburg,Florida 32068	
	January 6,2016	L1600	00003756	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
,. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	f State:	
	Thomas Warren			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	2707 Golden Eagle Pt.			
	Lake Mary	32746		
	, FI			
(b)			IAS 2	
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		ALUAR W	
	Thomas G. Warren		ASS	
	NEW Registered Office Address:		TT project Control (Control (C	
	4532 Redwing Ct.			
	Middleburg , FI	32068	RIDA	
he cha igent v vas/w	imited liability company is not organized under the launge 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 of organization or the operating agreement of the members.	f the registered of ability company of the limited lia limited liability	office and the business office of the registere y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
I here provisi he obl to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this performance of d for in Chapter hereby confirm	s capacity. I further agree to comply with the	
Signatu	re of Registered Agent			

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