LIGCOCC 6212

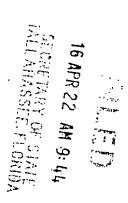
(R	equestor's Name)							
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PICK-UP	☐ WAIT	MAIL						
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APR 25 2016 J SHIVERS



January 27, 2016

ZAIDA MONTOYA 5769 59TH ST N ST PETERSBURG, FL 33709

SUBJECT: UNIFIED BUILDING SOLUTIONS, LLC

Ref. Number: L16000006212

We have received your document for UNIFIED BUILDING SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 316A00001782

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations									
SUBJECT: Unified Building Solutions, LLC- Name of Corporation									
DOCUMENT NUMBER: L1600000212									
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
Zaida Maria Montoya Name of Contact Person									
Unified Building Solutions LLC.									
5769 59th Street North									
St. Petersburg, Fl 33709 City/State and Zip Code									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Faida Montoya at (727) 851-1163 Name of Contact Person Area Code & Daytime Telephone Number									
Enclosed is a \$35.00 check made payable to the Department of State.									
Mailing Address: Amendment Section Street Address: Amendment Section									

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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. N	ame of the limited liability company: Unified	Builde	ing Sol	ution	v,	LC.	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	5769 59th St N.	576	9 59	th St	N	<i> </i> ·	
	St Petersburg FL 33709	<u>St.</u>	Peters	bw'g	FL	_ 33709	
	January 8, 2016	4	60000	0062	12		
3.	Date of filing/registration in Florida	4.	Document	number			
5. (a							
J. (a	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of St	tate:				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
	1713 Novthylew Rd				APR		
	Largo ,FL	33770	<u></u>	ASSET ASSET	22	F	
Œ						Thermal Laboratory	
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:		98	9։ կ	Comment of the commen	
		_		(B)	£-		
	Zaida Maria montoy	9					
	NEW Registered Office Address:						
	5769 59th St. N.						
	St Petersburg , FL	33709	_				
the chagent was/v the ar	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law authorized by the street of a member or authorized representative of a member	the registered off bility company, if the limited liabi imited liability c	ice and the bu t is hereby cor lity company	siness offic nfirmed that or as other	ce of the it the ch wise pro	e registered lange(s) ovided in	
I her provi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have the change of the change of the change of Registered Agent	ee to act in this co performance of m I for in Chapter 6 ereby confirm the	apacity. I furi by duties, and 105, F.S. Or, i at the limited	her agree i I am famili f this docu liability coi	to comp ar with ment is mpany i	ly with the and accept being filed has been	