

(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:										

Office Use Only



900286437829

06/06/16--01021--026 **80.00

16 JUN -6 PH 2: 19
SECREIARY OF STATE
TAIL SHASSEE, FLORIDA

JUN 0 9 2016 Y SULKER

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.	Na	me of the limited liability company: QUIC	CK FIX JE	WELF	RY WATCI	H & CEL F	PHONE	REF	PAIR L	LC
2. (a	a)	6925 SE AMENDEMENT ST		(b) 6925 SE AMENDEMENT ST						
(·• <i>)</i>	Principal office address of limited liability of (Note: MUST BE STREET ADDRE		Mailing address of limited liability comp. (Note: MAY BE POST OFFICE BO.						-
		HOBE SOUND, FL 33455				HOBE SOUND, FL 33455				
				_						
		FEBRUARY 1, 2016			L1600002	21667				
3.		Date of filing/registration in Flori	da	4.		Document 1	number			
5. ((a)	KIRSTEN A KRUG								
٥. ((a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat								
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-				
		6925 SE AMENDEMENT ST					$\vec{\Sigma}_{cn}$			
		HOBE SOUND	, FL	33455		ררשאין קנטפון ענטפון אווע אווע פו			*"\ <u>"</u> *	
C	b)	TYRONE J. ADARMES					ASSE	N-6	ermani granani	4.
	0,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				-	T.O.	7	paneral g 1	
							STATE FLORID	2: 20		
		NEW Registered Office Address:				-	5	_	_	
		1456 23RD AVENUE SOUTHWES	-							
		VERO BEACH	, FL	32962		_				
the dager	cha it v /we	mited liability company is not organized unge or changes are made, the Florida street will be identical. Or, in the case of a Floridare authorized by an affirmative vote of the cles of organization or the operating agree	address of t a limited lial members of	the regi bility co f the lin	stered office ompany, it is nited liability	e and the bus s hereby cor y company o	siness of	ffice o	of the reg	gistered e(s)
		Mario (tolen C -		TY	RONE J. A	ADARMES	3			
Signature of a member or authorized representative of a member						Printed or typed name of signee				
prov the d	risi obl tere	by accept the appointment as registered agons of all statutes relative to the proper an igations of my position as registered agent ly reflect a change in the registered office if in writing of this change.	ent and agre d complete p as provided address, I h	ee to ac perform! for in (ereby c	t in this capt ance of my Chapter 605 onfirm that	acity. I furth duties, and i i, F.S. Or, ij the limited l	her agre l am fan f this do liability	ee to coniliar v cumen compo	omply w with and it is bein any has l	ith the accept g filed seen
Sign	atu	re of Registered Agent	<u> </u>							