11600034853

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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	kerner lic						
	Nar	Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	fice Change and fe	e(s) are submitted for filing.				
Please	return all correspondence concerning th	nis matter to the fo	llowing:				
ian ke	erne-						
	Name of Person		•				
kerne	er IIc						
	Firm/Company		•				
2082	sw augero st						
	Address		-				
port s	saint lucie, fl 34953						
	City/State and Zip Code	,	-				
	erenvironmental@gmail.com						
F	E-mail address: (to be used for future an	nual report notific	ation)				
For fu	rther information concerning this matter	, please call:					
ian ke		772	2608415				
	Name of Person	,	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	stration Section sion of Corporations Box 6327 shassee, Florida 32314				
Enclosed is a check for the following amount:							
	2 \$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

Eursuant 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 compan;.					
2.	(a)	2082 sw augero st	((b) 2082 sw augero st			
۳.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		port saint lucie fl 34953	_	port sain	t lucie fl 34953		
		2/18/16	_	11600003	4853		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	lan kerner					
	,,	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of State	:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2082 sw augero st		F1 17 OCT SECRETALIAHA			
		port saint lucie	34953	ı	TARY GF S		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FILED OCT -3 PH 12: 09 CHETARY OF STATE LLAHASSEE, FLORIDA		
		NEW Registered Office Adares:					
		783 nw spruce ridge drive			<u>-</u>		
		stuart , FL	34994		-		
the ago wa	cha ent v s/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility of f the lin limited	istered office company, it is nited liability liability con	e and the business office of the registered s hereby confirmed that the change(s; y company or as otherwise provided in		
	W	W.f	lar	Kerner			
I h pro the to no	ierei ovisi obl mere tifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agrions 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, I have a change of this change.	ee to ac perform I for in tereby (ct in this cap nance of my Chapter 603 confirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		