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COVER LETTER

TO: Registration Section Division of Corporations	
	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Byce Wasielak Name of Person	<u></u>
Byce & Sons Mil	tany trude Parts, LLC
III survise Drive	
City/State and Zip Code	34945
E-maileddress: (to be used for future ar	Printed the second seco
For further information concerning this matte	r, please call:
Name of Person	at (772) 862-2977 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
□ \$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.

		address of limited liability company: MAY BE POST OFFICE BOX)
	Date of filing/registration in Florida 4. Docum	SEOPPOC
(\		nent number
(a)	Registered Agent and Registered Office shown on the records of the Florida Deput of State:	Trc
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	19 / SEC FALL
	Tampa, FI 33612 W	APR ORE TA
	, FL,	SSEE NAME OF THE PROPERTY OF T
(b)	LISA Lassielal	TOP SEE
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	987 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	111 survise Drive	2>
	NEW Registered Office Address: FORT Pierce, FL 34946	
	, FL	
		t is hereby confirmed that after

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

Signature of Registered Agent

Signatore of a member or authorized representative of a member