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## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	CHANGE OF	Registered Agent	
		Name of Limited Liability Company	
Dear Sir or M	adam:		
The enclosed	Registered Agent/Register	red Office Change and fee(s) are submitted for filing.	
Please return	all correspondence concer	ming this matter to the following:	
7 iouso roturn	<b>a coco</b> po <b></b>		
<i>/</i>			
EDWA	Name of Person	CIER CONTRACTOR CONTRA	
Name of Person			
011 1	Your TORS EX	00 WA 110	
ALL Home JOBS FLORINSA, LLC Firm/Company			
2112	NE 13TWAY	#206	
	Address		
•	- 2 "		
BOIN	ION DEACH,	FL 33435 Code	
	City/State and Zip	Code	
o.d.	abmerer (a)	ampil, com	
E-mail	address: (to be used for ful	gmn'L, Com fure annual report notification)	
For further information concerning this matter, please call:			
EDWAR	D EBMEIER	at ( 786 ) 879-5315 Area Code & Daytime Telephone Number	
	Name of Person	Area Code & Daytime Telephone Number	
STR	EET/COURIER ADDRE	ESS: MAILING ADDRESS:	
	stration Section	Registration Section	
	ion of Corporations	Division of Corporations	
	on Building	P.O. Box 6327	
	Executive Center Circle hassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:			
. <i>t</i>	5 Filing Fee	□ \$55 Filing Fee & Certified Copy	
,		_ 333 7 mmg 37F)	
INHS18 (2/14	<i>)</i>		

## 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.

· · · · · · · · · · · · · · · · · · ·
JOBS FLORIDA, LLC
(b) SAME  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  SAME
SAne
L 16000112641
4. Document number
Florida Dept. of State:  175
of the State of Florida, it is hereby confirmed that after a registered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in nited liability company.  LOLOARD L. EDMOLOA  Printed or typed name of signee  to act in this capacity. I further agree to comply with the reformance of my duties, and I am familiar with and acceptor in Chapter 605. F.S. Or, if this document is being filed weby confirm that the limited liability company has been

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