## L16000123093

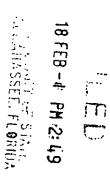
(	Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)	_		
	(Document Number)			
Certified Copies	Certificates of Status	_		
Special Instructions to Filing Officer:				

Office Use Only



000308449220

02/01/18--01027--013 \*+25.00



FEB 0 2 2018

Y SULKER

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations	
SUBJECT: CUMBERLAND SER Name of Limi	EVICES TWO LLC ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
OLASIDE OGUN Name of Person	this document is to correct error in address as
CUMBERLAND SERVICES T	
2706 KENDALL SPRINGS (C	DURT, #202 address both for  Physical and mailing  address
BRANDON FL 33510	addros
City/State and Zip Code	thanks
Skatman 88 Egmail · Com E-mail address: (to be used for future annual report	
For further information concerning this matter, please ca	11:
CLATIDE OGUN at ( 9) Name of Person	7 571) 494 9385 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 amount:	
<b>≅</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## . 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	nme of the limited liability company:CUMBE	ERLAN	ID SE	PVICES TWO LC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b) _	Mai	KENDALL SPRINGS COU iling address of limited liability company: Note: MAY BE POST OFFICE BOX)	KT.
	<u> </u>		# 20	02_	
	BRANDON FL 33510		BRA	NDON FL 33510	
	27 JUNE 2016		L 160	00123093	
3.	Date of filing/registration in Florida	4.	D	ocument number	
5. (a)	ADEKUNLE OREMOSU  Registered Agent and Registered Office shown on the records of the				
			•		
	2206 KENDALL SPRINGS Registered Office Address (MUST BE FLORIDA STREET A)			2.9	
	# 202				
	BRANDON FL	335	10	HASSS	
(b)				(**) (**)	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addre	88:	PH-2:49	
	NEW Registered Office Address:				
	2206 KENDALL SPRINGS	5 000	(RT, 7	4202	
	BRANDON ,FL	335	0		
the cha agent v was/we the arti- Signa I here provise the obli- to mer- notified	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabeture of a member of authorized representative of a member by accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address, I hid in writing of this change.	he registe bility come the limited liab	red office an pany, it is he d liability compa	ind the business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in any.  NEE OVERWOS (A rinted or typed name of signee	