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COVER LETTER

TO: Registration Section Division of Corporations	
	Services UC e of Limited Liability Company
Dear Sir or Madam.	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filling.
Please return all correspondence concerning this	s matter to the following:
Freddie Angreon Name of Person	
Tradeen Multisentices L	<u></u>
1219 North 22nd St	
FI Pierce F/ 340 City/State and Zip Code	<u> 150</u>
trudgen multiservices o omo E-mail address: (to be used for future annu	
For further information concerning this matter, p	please call:
Fredoie Anderson	ar (112) 882-2483
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
S25 Filling 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 Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited flability company: 3. Date of filing/registration in Florida Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NEW Registered Agent and/or NEW Registered Office address. NEW Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/werd authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the striciles of Segan vation or the operating agreement of the limited liability company Signature of a member or authorized representative of a member Printed or typed name of signee 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 standers 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 or change in the registered office address. I hereby confirm that the limited liability company has been

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

notified in whiling of this change.

signature of Registered Agent