LIL 600 174738

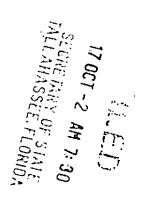
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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Special Instructions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

TO:	Registration Section Division of Corporations							
SUBJE	Helio Kiln Repair LLC							
00200	Name of Limited Liability Company							
Dear Si	r or Madam:							
The enc	closed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.					
Please r	return all correspondence concerning thi	s matter to the fol	llowing:					
James	s Boyd							
	Name of Person		•					
Helio ł	Kiln Repair LLC							
	Firm/Company		•					
917 E	Crenshaw St		_					
	Address							
Tampa	a, FL 33604							
	City/State and Zip Code		•					
mmge	lek1@gmail.com							
E-	mail address: (to be used for future annu	ual report notifica	ition)					
For furt	her information concerning this matter,	please call:						
James	s Boyd	813 at (527-7153					
	Name of Person		Area Code & Daytime Telephone Number					
Registration Section Division of Corporations Clifton Building			LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314					
Enclosed is a check for the following amount:								
☑ \$25 Filing Fee			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.

1.	Na	me of the limited liability company: Helio Kiln Rep	oair Ll	_C				
2. ((a)	Helio Kiln Repair LLC	1	(b)	Helio Kil	In Repair LL	С	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, , ,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Crenshaw St		
		917 E Crenshaw St						
		Tampa, FL 33604	_	-	Tampa,	FL 33604		
		09/15/2016		L	1600017	74739		
3.		Date of filing/registration in Florida	4.	_		Document nui	mber	
5.	(a)	Registered Agents Incorporated						
<i>J</i> .	(4)	Registered Agent and Registered Office shown on the records of n/a	- e:					
		Registered Office Address (MUST BE FLORIDA STREET)	_					
		3030 N. Rocky Point Dr., STE 150A					TAL TAL	
	(b)	Tampa ,FL	33607	7		7 OCT		
(James Boyd		-2 SSE SSE			SS 7 18 min	
	. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:		_				
		n/a		ffice address:			D 7: 90 STATE LORID	
		NEW Registered Office Address:				_	>	
		917 E Crenshaw St				_		
		Tampa, FL	33604	4		_		
the age was	cha nt v s/wc	imited liability company is not organized under the law inge or changes are made, the Florida street address of will 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 regability of the li	giste con mit	ered office ipany, it is ed liability	e and the busin s hereby confir y company or a	less office of the registered rmed that the change(s)	
		ture of a member or authorized representative of a member	Ja	me	es Boyd			
						Printed or typed	_	
pro the to n	visi obl nere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the provided in writing of this change.	ee to a perfori d for in hereby	ct i. mar Ch con	n this cape ice of my e iapter 605 ifirm that	acity. I further duties, and I at 5, F.S. Or, if th the limited liah	r agree to comply with the m familiar with and accept its document is being filed bility company has been	

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

Signature of Registered Agent