

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	STARDARD CONTRACTOR SERVICES LLC							
5050	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The en	iclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the following:						
JERO	OME K MIMS II							
-	Name of Person							
STARDARD CONTRACTOR SERVICES								
	Firm/Company							
PO E	3OX 604							
	Address	·						
EDG	EWATER FL 32132							
	City/State and Zip Code							
E-mail address: (to be used for future annual report notification)								
For fu	rther information concerning this matter,	, please call:						
Robe	rt Walker	at ()						
	Name of Person	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:								
	■ \$25 Filing Fee & Certified Co							

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	Name of the limited liability company: STARDARD CONTRACTOR SERVICES LLC					
2.		STARDARD CONTRACTOR SERVICES	(b)	STARDA	ARD CONTRACTOR SERVICES		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		1513 S RIDGEWOOD AVE		РО ВОХ	604		
		EDGEWATER FL 32132	_	EDGEW	ATER FL 32132		
		10/17/2016	l	_1600019	90969		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)	STARDARD CONTRACTOR SERVICES					
٥.	(14)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State JEROME K MIMS II					
		Registered Office Address (MUST BE FLORIDA STREET AD 1730 FERN PALM DR UNIT C	DDRESS)		IN OF CO		
		EDGEWATER FL	32132				
	(b)	STARDARD CONTRACTOR SERVICES Enter name of NEW Registered Agent and/or NEW Registered Office address: JEROME K MIMS II			FILED 17 JUL 21 PM 2: 25 DIVISION OF CONTROLS		
		NEW Registered Office Address:	.				
		1513 S RIDGEWOOD AVE					
		EDGEWATER	32132				
the age was	cha ent w s/we	mited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ire authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regist bility cor the limi imited li	ered office npany, it is ted liability ability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.		
Signature of a member or authorized representative of a member			JER	OME K N	Printed or typed name of signee		
I h pro the to i	eret ovisio obli mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the writing of this change.	e to act i performa for in C ereby co	in this cape nce of my a hapter 605 nfirm that t	icity. I further agree to comply with the		

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

Bignature of Registered Agent