L160002	25492
(Requestor's Name) (Address)	

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: 8 FILED Jan 25 MHI: 48 AGIACTE

J. LEGGETT 'JAN 26 2010

(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





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2018

COLIN FROST POST OFFICE BOX 331083 ATLANTIC BEACH, FL 32233 US

SUBJECT: PILLAR MAINTENANCE HOLDINGS, LLC Ref. Number: L16000225492

We have received your document for PILLAR MAINTENANCE HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 318A00000988

JAN 2 6 2018

COVER LETTER

TO: Registration Section Division of Corporations

Pillar Maintenance Holdings, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colin Frost

Name of Person

Pillar Maintenance Holdings, LLC

Firm/Company

PO Box 331083

Address

Atlantic Beach, FL 32233

City/State and Zip Code

cfrost@mypillarnow.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colin Frost

Name of Person

885-1126

904

at (

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:

2 \$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. Na	ame of the limited liability company:	enance H	loldings, L	.LC	
2. (a)	1323 North 3rd Street	(1	, PO Box	331083	
2. (1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(.	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Jacksonville Beach, FL 32250		Atlantic	Beach, FL 32233	
		<u>-</u>			
	12/13/2016		L1600022	25492	
3.	Date of tiling/registration in Florida	4.		Document number	
5. (a)	REGISTERED AGENT SOLUTIONS INC				
	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of State		
	Registered Office Address (MUST BE FLORIDA STREET 155 OFFICE PLAZA DRIVE, SUITE A	<u>TADDRES:</u>	Ð	•	
	· · · · · · · · · · · · · · · · · · ·				
	TALLAHASEE	<u>ւ</u> 32301			
(b)	COLIN FROST, REGISTERED AGENT				
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		· · · · · · · · · · · · · · · · · · ·		
	<u>NEW</u> Registered Office Address:				
	1323 NORTH 3RD STREET			-	
	JACKSONVILLE BEACH	32250			
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the sase of a Elorida limited ere authorized by an attrimutive vote of the members icles of organization or the operating agreement of the	of the regi liability co of the lim limited	stered office ompany, it is nited liability liability corr	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
	20 C	Co	lin Frost, F		
-	ture of a member or authorized representative of a member			Printed or typed name of signee	
l herei provisi the obl to mere notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address. d'in writing of this change.	gree to ac le perform led for in (I hereby c	t in this cape ance of my e Chapter 605 onfirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	

Signatur Revistered Agent

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