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ALLAHASSEEL ELERIKA

J LEGGETT MAY 24 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Central Florida Precision Installations LLC 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:
Wuendys Fon Seca Name of Person
Central Florida Precision Installations, LLC Firm/Company
2539 Lady Jo way
Or lando, FL 32857 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ed Verdecia a1 (467) 791-5703
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301 Tol. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$25 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. Name	e of the limited liability company: Central F	orida Precision J	Instally lins, LIC
2. (a) <u>2</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	—	mited liability company: POST OFFICE BOX)
<u>.</u>	orlando FL 32807	Orlando FL	32867
<u>.</u>	Date of filing/registration in Florida	L17000035	oldo2
5. (a) VRep	when does to secure gistered Agent and Registered Office shown on the records of the 2539 Lacy S way egistered Office Address (MUST BE FLORIDA STREET ADDRESS CONTRACT ADDRESS C	Florida Dept. of State:	
<u>6</u>		37807	18 MAY 2:
(b) End	ter name of NEW Registered Agent and/or NEW Registered Of	Tice address:	23 AN M 19
<u>N⊦</u> _•	H741 Petal Paw Paw Lr EW Registered Office Address:)	1 9
S	ti Cloud FL	34772.	
the change agent will was/were	ted liability company is not organized under the laws or changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited liabilianthorized by an affirmative vote of the members of the of organization or the operating agreement of the line	e registered office and the busines lity company, it is hereby confirm he limited liability company or as nited liability company.	ss office of the registered led that the change(s) otherwise provided in
<u>Whenly</u> Signature	of a member or authorized representative of a member	Whendys to Sec	ame 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 statutes 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 a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent