117000043809

| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (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



600297894706

04/17/17--01028--005 **25.00

17 KPW 17 PH 12: 02

O SIMMONS APR 18 2017.

"TO:

| TO: | Registration Section Division of Corporations | | | | | |
|---|--|--------------------|--|--|--|--|
| SUBJI | The Works Maintenance LL | C. | | | | |
| 2020 | | ne of Limited Li | ability Company | | | |
| Dear S | ir or Madam: | | | | | |
| The en | nclosed Registered Agent/Registered Off | ice Change and | fee(s) are submitted for filing. | | | |
| Please | return all correspondence concerning th | is matter to the | following: | | | |
| David | d C Geisel | | | | | |
| | Name of Person | | | | | |
| The V | Vorks Maintenance LLC. | | | | | |
| | Firm/Company | | | | | |
| 48 W | estgrill Dr. | | | | | |
| | Address | | _ | | | |
| Palm | Coast FL. 32164 | | | | | |
| | City/State and Zip Code | | | | | |
| dave | g33.dg@gmail.com | | | | | |
| E | E-mail address: (to be used for future ann | nual report notifi | ication) | | | |
| For fu | rther information concerning this matter, | , please call: | | | | |
| David | I C Geisel | 386 | 225-6186 | | | |
| | 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 | Rep Div P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | | | | |
| | 2 \$25 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy | | | |
| INHSI | 8 (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.

| l. Na | ame of the limited liability company: | amtena | ince LLC. | | |
|--|---|--|--|--|-------------|
| 2. (a) | 48 Westgrill Dr | (\ | 48 West | grill Dr. | |
| . (.) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | | Mailing address of limit (Note: MAY BE PO) | |
| | Palm Coast FL. 32164 | _ | Palm Co | ast FL. 32164 | |
| | 2/24/2017 | | L1700004 | 3809 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | David C Geisel | | | | |
| ,. (u) | Registered Agent and Registered Office shown on the records of t | he Florida | Dept. of State | :: | |
| | | | | | + = |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | HOR THE |
| | 48 Westgrill Dr. | | | | |
| | Palm Coast , FL | 32164 | | | <u>-0</u> |
| 41. | Laura M Geisel | | | | 7 PH 12: 02 |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office ad | dress: | | 02 |
| | 48 Westgrill Dr. | | | | |
| | NEW Registered Office Address: | | | | |
| | Palm Coast FI | 32164 | | | |
| signa Signa I hereprovisithe oblite motified | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vole of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a fine writing of this change. | the regi ibility co f the lim limited | stered office ompany, it is nited liability liability com | and the business of hereby confirmed company or as other than the pany. Printed or typed name | of signee |