U70044927

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:	•		
		l e		



000317658600

10/08/18--01001--004 ••25.00

Office Use Only

NA

OI



September 26, 2018

JEREMY COPE 6103 ANDREA DR LAKELAND, FL 33813

SUBJECT: EVANS SERVICES GROUP, LLC

Ref. Number: L17000149927

We have received your document for EVANS SERVICES GROUP, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return 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.

Dionne M Scott Regulatory Specialist II

Letter Number: 918A00020120

COVER LETTER

Division of Corporations	
SUBJECT: Evans Services Group 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:	
Jeremy Cope Name of Person	
Evans Services Group LLC Firm/Company	
Address Lakeland FL 33813 City/State and Zip Code Tereny & Evans Services . net E-mail address: (to be used for future annual report notification)	
Lakeland FL 33813	
City/State and Zip Code	,
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	ì
Serency Cope at (863) 838-6632 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

\$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.

. (4)	1550 36+4 5+ NW	Services Group LLC (b) 6/03 Andrea Drive		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Winter Haven, FL. 33881	<u></u>	Keland, FL. 33	3813
	Date of filing/registration in Florida		17 <i>00</i> 0 149917	
	Date of filing/registration in Florida	4.	Document number	per
. (a)	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET) 578 Somerset Drive	ADDRESS)		3 11
(b)	Anburndale , Fl. Teremy Cope Enter name of NEW Registered Agent and/or NEW Registered			5 5
	NEW Registered Office Address:			
	6/03 Andrea Drive			
	Lakeland .FI	33813		
		6.1 6.	of Florida, it is hereby	6 14 6