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(F	Requestor's Name)			
(A	address)			
(A	Address)			
(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
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DEC 29 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AT YOUR SER	euice Solutions Le me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
Piriscilla Petherford Name of Person	1
MT your Service Sol Firm/Company	utions (Le
13650 fiddle sticks	Blvd
Fort Myers Florid City/State and Zip Code	A 33912
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
Prischla Vetter ford Name of Person	at (229) (91-005) 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 followin	g amount:
☑ \$25 Filing Fee	\$55 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. N	ame of the limited liability company: AT Your Sexuice Solutions LC	
2. (a)	<u> </u>	
(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	13650 Foddlesticks Blvd 13650 fiddlesticks Blvd	/ —
	Fout Myers FL 33912 Fout Myers-FL 33912	
	8.14.20n L17000172704	
3.	Date of filing/registration in Florida 4. Document number	
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	10319 Boxbeary (n	
	Registered Office Address (MUST BE BLORIDA STREET ADDRESS)	
	Dut Myens , FL 33913	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	29	
	NEW Registered Office Address:	
	The state of the Autoss.	
	fort Myers FL 33912	
16.4.		
the chagent	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the register will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in	
	ticles of organization or the operating agreement of the limited liability company.	
- :3	atture of a member or authorized representative of a member Printed or typed name of signee	
		L _
provi. the ol to me	why accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accelligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been writing of this change.	ie :p: :d
Signor	the of Registered Agent	