

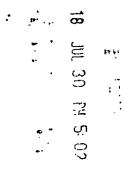
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	•
		1/30

Office Use Only



400315272744

07/05/18--01004--028 \*\*25.00



796 - 9 1018 S. PRETHE:

## COVER LETTER

TO: Registration Section

Divi	sion of Corporations		
SUBJECT:	All Service Financial, LLC		
.50D3EC.1.	Name	e of Limited 1.	iability Company
Dear Sir or A	Madam:		
The enclosed	d Registered Agent/Registered Offic	re Change and	fee(s) are submitted for filing.
Please return	all correspondence concerning this	s matter to the	following:
John Silve	er		
	Name of Person		<del>_</del>
All Service	e Financial, LLC		
	Firm/Company		
12276 Sai	n Jose blvd. Suite 420		
	Address		_
Jacksonvi	lle, Fl 32223		
	City/State and Zip Code		<del></del>
jas7767@	hotmail.com		
E-mail	address: (to be used for future annu-	al report notif	ication)
For further is	nformation concerning this matter,	please call:	
John Silve	er	9 <b>04</b>	267-1185
	Name of Person	(	Area Code & Daytime Telephone Numbe
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building I Executive Center Circle ahassee, Florida 32301	Re Di P.G	AHLING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
Enc	losed is a check for the following	amount:	
<b>☑</b> \$.	25 Filing Fee	□ s:	55 Filing Fee & Certified Copy
ENHS18 (2/14	<b>1</b> )		



July 9, 2018

JOHN SILVER 12276 SAN JOSE BLVD SUITE 420 JACKSONVILLE, FL 32223

SUBJECT: ALL SERVICE FINANCIAL, L.L.C.

Ref. Number: L17000181598

We have received your document for ALL SERVICE FINANCIAL, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please revise sections 5a and 5b of application.

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.

Letter Number: 218A00014075

Dionne M Scott Regulatory Specialist II

#ECENTED 18JUL 30 PM 1:52

www.sunbiz.org

## 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.

(a) All Service Financial, LLC		(	<sub>b)</sub> All Serv	ice Financial, L	LC	
Principal office address of limited liabi (Note: MUST BE STREET AD		`		Mailing address of lin (Note: MAYBEP	-	
12276 San Jose blvd. Suite 42	0		12276 S	an Jose blvd.	Suite 420	
Jacksonville, FI 32223			Jackson	ville, Fl 32223		
07/02/2018			L1700018	81598		
Date of filing/registration in F	Florida	4.		Document numb	er	
(a) John A Silver Registered Agent and Registered Office shown		Tale of Differents	L. IX CSu.a	<del>-</del> 		
All Service Financial, LLC	on the records of	the Fiork	a Dept. of State	e.		
Registered Office Address (MUST BE FLO	ORIDA STREET	ADDRES	S)	-	•	8
			<u>-:-2</u>			
12276 San Jose blvd. Suite 51	4		<del>22</del>		\$	ر نظ
12276 San Jose blvd. Suite 51 Jacksonville		,32223		- -	i	ر 30
Jacksonville				-	,	당
Jacksonville	FI	<u>,</u> 32223	3	- - -		       
Jacksonville  (b) John A. Silver	FI	<u>,</u> 32223	3	-	de de	ි. ස
Jacksonville  (b) John A. Silver  Enter name of NEW Registered Agent and/or	FI	<u>,</u> 32223	3	- - -	in the second se	6.00 8.00 9.00
Jacksonville  (b) John A. Silver  Enter name of NEW Registered Agent and/or  All Service Financial, LLC	NEW Registered	<u>,</u> 32223	3	-	de de	다. 다. 다.

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the artifles of organization or the operating agreement of the limited liability company.

John Silver

ignature of a member - Printed or typed name 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