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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SSS Remodeling Maintenance KLC 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:				
Esmie Coley Name of Person				
SSS Remodeling Maintenance. LLC Firm/Company				
3121 Village olvo Apt 208 Address				
West Falm Beach Fl. 33409 City/State and Zip Code				
SJO SSSKModelmgn mantenance //c. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Stephanie Johnson at (561) 812 - 9438 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 & 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 of the limited liability company: SSS Rec	nodeling III	launtenance LLC
2. (a)	(b)	
Principal office address of limited liability company:	Mailing ad	dress of limited liability company:
(<u>Note: MUST BE STREET ADDRESS</u>)		MAY BE POST OFFICE BOX)
3121 Village blud Apl 208	3121 Ville	age blud Hpl DOS
Wast Palm Beach -1.33409	West Pa	Im Beach +1.3340
09/19/2017		194084
3. Date of filing/registration in Florida 4.		ent number
5. (a) Este Stephanie Johnson		
Registered Agent and Registered Office shown on the records of the Flor	-	
3121 Village blud Apt DOR Registered Office Address MUST BE FLORIDA STREET ADDRI	· · · · · · · · · · · · · · · · · · ·	
	<u>.33)</u>	
West Valm Beach		
FI 	409	
F . a1	,	STAIL OF
(b) Sm. (5 e) Enter name of NEW Registered Agent and/or NEW Registered Office	a damen	ILED 19 PA
tailer hand of NEW Registered Agent and/of NEW Registered Villee	aduress.	FIGURE CO
3121 Village blud Apt 208	•	
NEW Registered Office Address:		第一 王
West Palm Beach FL	33409	
If the limited liability company is not organized under the laws of t	he State of Florida, it i	s hereby confirmed that after
the change or changes are made, the Florida street address of the re agent will be identical. Or, in the case of a Florida limited liability	gistered office and the company, it is hereby	business office of the registered confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limite articles of organization or the operating agreement of the limite	imited liability compar	ny or as otherwise provided in
the articles of organization of the operating agreement of the finite		
Signature of a member or authorized representative of a member	Sylanic -	SOLMSON
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perforthe obligations of my position as registered agent as provided for it to merely reflect a change in the registered office address. I hereby notified in writing of this change.	ict in this capacity. I j mance of my duties, a n Chapter 605, F.S. () confirm that the limit	further agree to comply with the nd I am familiar with and accept ir, if this document is being filed ed liability company has been
Signature of Registered Agent		