117000259304

(Re	questor's Name)	
(Ad	dress)	<u>-</u>
(Ād	dress)	
(Cit	y/State/Zip/Phone	= #)
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COVER LETTER

.

TO:	Registration Section Division of Corporations			
SUBJ	Prince Sterilization Services	LLC		
		ne of Limited	Liab	oility Company
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	ice Change a	ınd fe	e(s) are submitted for filing.
Please	return all correspondence concerning the	is matter to t	he fo	llowing:
Antho	ony F. Vitiello, Esq.			
	Name of Person			•
Conr	nell Foley LLP			
	Firm/Company			-
56 Li	vingston Avenue			
	Address			
Rose	eland, New Jersey 07068			_
	City/State and Zip Code			
avitie	ello@connellfoley.com			
Ē	E-mail address: (to be used for future ann	ual report no	otifica	tion)
For fu	rther information concerning this matter.	please call:		
Antho	ony F. Vitiello	973		535-0500
	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		Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314
	Enclosed is a check for the following	amount:		
	☑ \$25 Filing Fee		\$55	Filing Fee & Certified Copy
INHS1	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.

1. N	ame of the limited liability company: Prince Steri	ilization S	Services L	LC			
	<u> </u>						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address (Note: MAY)	of limited liab BE POST OF	ility con	npany: <i>OX</i>)
	5912 Vintage Oaks Circle		5912 Vi	intage Oaks	Circle		
	Delray Beach, Florida 33484		Delray	Beach, Flori	da 33484		
	December 20, 2017		L170002	259304			
3.	Date of filing/registration in Florida	4.	-	Document m	umber		
5. (a)							
()	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Sta	ite;			
	Day Pitney/Chapin Ballerano & Cheslak						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u> </u>	_			
	225 NE Mizner Boulevard, Suite 350						
	Boca Raton	33432 FL		_			
		r L		_	5		
(b)					-	2(
(*)	Enter name of NEW Registered Agent and/or NEW Register			_		2020 FEB	٠,-
	Daniel L. Prince						
	NEW Registered Office Address:			_		-m	
	5912 Vintage Oaks Circle				A. Fr.	<u> </u>	- L
	Delray Beach	FL_33484		_	OATE	0 1 : 1	in the second
the cha agent was/w the art Signa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the difference of a member of a member or authorized repositions of a member by accept the appointment as registered agent and a completing a fall statutes relative to the proper and completing the statutes of a member of all statutes relative to the proper and completing a fall statutes in the registered agent as provided by reflect a change in the registered office address.	laws of the of the regis liability cos of the limited l	State of Flatered office ompany, it sited liability con AUTHA	te and the busing hereby confity company or mpany. Printed or type practive I further	ness office irmed that to as otherwing TICLO d name of sig	of the he charse prov	registered nge(s) rided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00