## 1180000 15151

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
1 agent

Office Use Only



900323765109

01/28/19--01049--010 \*\*25.00

19 HAR -1 PH 2: 25

Ra chang

MAR 0.7 2019

D CUSHING

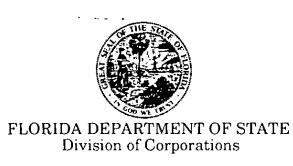
## COVER LETTER

Division of Corporations				
SUBJECT: TOP TO Bottom Ser	UKES (LC) ted Liability Company			
	, <b>,</b>			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	o the following:			
Jo Ann Pinacult Name of Person	<del></del>			
TOP TO Bottom Services	<u>LC</u>			
1007 ONONDAGA TRail				
FORT Myers Beach 7/A City/State and Zip Code	<u>3393</u> /			
Smich RLTR 2003 (ayahoo. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please cal	l:			
Jana Pineault and	169, 986-9293			
Name of Person	Area Code & Daytime Telephone Number			
O'ED OF THE OLD AND A DECEMBER OF THE OLD A DECEMB				
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314			
2661 Executive Center Circle Tallahassee, Florida 32301	ramanassee, Fiorida 52314			
rananassee, riorida 32301				
Enclosed is a check for the following amount:				

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee



February 4, 2019

JOANN PINEAULT TOP TO BOTTOM SERVICES, LLC 1007 ONONDAGA TRAIL FORT MYERS BEACH, FL 33931

SUBJECT: TOP TO BOTTOM SERVICES, LLC

Ref. Number: L18000015151

We have received your document for TOP TO BOTTOM SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only have one (1) registered agent. Please remove one of the names.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 519A00002423

RECEIVED

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

	ant to the provisions of sections 605.0114 or 605.0116, Flo is the following statement in order to change its register a.				
1. Na	ame of the limited liability company: $10P 70L$	3ct ton	1 Services	24	<u></u>
2. (a)	1001 ONONDASA IZAIL	(b)	Same		
	Principal office address of limited liability company:	\\', <del></del>	Mailing address of limited liabi		•
	(Note: MUST BE STREET ADDRESS)	2.4	(Note: MAY BE POST OFF	<u>'ICE BQX</u>	,
	JORT Hyers Beach FIA 339:	3/ 			
	/				
	01/1/2018		L 180000151	151	
3.	Date of filing/registration in Florida 4.		Document number		
5. (a)	Lecal Toom				
J. (u)	Registered Agent and Registered Office shown on the records of the Flo	orida Dept, of St	tate:		
	United States Cord Agen	IFIAC	<u></u>		
	Registered Office Address (MUST BE FLORIDA STREET ADDR	<del></del>	_	4	- A
	13302 Winding Par C	OUP /	•	<u></u>	<b>,,,</b>
	Tour on	771	<del></del>	77 77	ortige Digital
	FL	336/0	<u> </u>	<u>-</u>	3 = 3 = 1 - 2
<b>(L</b> )	la Aun Pineault			H.	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	e address:	_	.; -	NOR ST
				25	ATE
	1007 Onon DAGA TRAIL		<u></u>	٥,	S. S.
	NEW Registered Office Address:				
		<u> </u>	_		
	FORT Myers Beach FL	<i>3393</i>	3/		
If the l	imited liability company is not organized under the laws of			ad that a	d'e.s.m
the cha	inge or changes are made, the Florida street address of the r	egistered offi	ice and the business office of	of the reg	istered
	vill be identical. Or, in the case of a Florida limited liabilit ere authorized by an affirmative vote of the members of the				
thearti	icles-of organization or the operating agreement of the limit	ed liability co	ompany.	<del>/</del> ~	
5	eux Tineau/1	<u> </u>	fun Tineaul		
/ ]	ture of a member or authorized representative of a member		Printed or typed name of sign		
ı jierei provisi	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perfo	act in this ca ormance of m	ipacity. I Jurther agree to c y duties, and Lam familiar	ompiv wi with and	ith the accept
to merc	ions of all statutes relative to the proper and complete performs of my position as registered agent as provided for ely reflect a change in the registered office address, I herehold.	in Unapier of y confirm the	vs, r.s. Or, if this document at the limited liability compa	u is pein any has f	g juea veen
nounee	d'in scritting of this change.				
Signatu	re of Registered Agent				
1 1					