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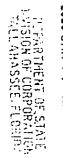
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COVER LETTER

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TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	MID FLORIDA RESTORATION SERVICES LLC				
Name of Limited Liability Company					
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registere	ed Office Change and	f fee(s) are submitted for filing.		
Please return	all correspondence concern	ing this matter to the	following:		
JON M. ODE	N, ESQ.				
	Name of Person		<u> </u>		
WILLIS & O	DEN PL				
	Firm/Company				
2121 S. HIAV	VASSEE ROAD # 116				
	Address		_		
ORLANDO, I	FL 32835				
	City/State and Zip C	Code			
joden@williso	oden.com				
E-mail	address: (to be used for futu	re annual report noti	fication)		
For further in	nformation concerning this n	matter, please call:			
Jon M. Oden,	Esq.	407 at (903-9939		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	osed is a check for the follo	owing amount:			
= \$3	25 Filing Fee	□ s	55 Filing Fee & Certified Copy		

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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3549 EDLINGHAM CT BELLE ISLE, FL 32812 4/04/2018 Date of filing/registration in Florida VATTY, RALPH egistered Agent and Registered Office shown on the records of the	- - 4.	3549 EDI	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) LINGHAM CT SLE, FL 32812
BELLE ISLE, FL 32812 4/04/2018 Date of filing/registration in Florida VATTY, RALPH egistered Agent and Registered Office shown on the records of the		BELLEI	SLE, FL 32812
4/04/2018 Date of filing/registration in Florida VATTY, RALPH egistered Agent and Registered Office shown on the records of the			
Date of filing/registration in Florida VATTY, RALPH egistered Agent and Registered Office shown on the records of the		L18000083	5808
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egistered Agent and Registered Office shown on the records of the	- 171 1		Document number
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3549 EDLINGHAM CT			2021
Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S1</u>	TIL 2020 JAN 17 NATION OF CONTRACT AND
BELLE ISLE , FL	32812		THE THE TOP TOP TO THE TO THE TOP TO THE TOT
ILLIS & ODEN PL			- F. STATE STATE OF S
nter name of NEW Registered Agent and/or NEW Registered (Office a	idress:	
2121 S. HIAWASSEE RD. # 116			
NEW Registered Office Address:			
DRLANDO , FL	32835		<u> </u>
r changes are made, the Florida street address of the rall be identical. Or, in the case of a Florida limited liabs authorized by an affirmative vote of the members of	egister oility co the lir	ed office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
			, ESQ (CORP. COUNSEL)
e of a member or authorized representative of a member	-		Printed or typed name of signee
- 3 - 7 - 0 - 11 rul : 0/	BELLE ISLE TILLIS & ODEN PL THE name of NEW Registered Agent and/or NEW Registered of NEW Registered Agent and/or NEW Registered of New	JULIS & ODEN PL Inter name of NEW Registered Agent and/or NEW Registered Office and 121 S. HIAWASSEE RD, # 116 IEW Registered Office Address: ORLANDO The ited liability company is not organized under the laws of the rehanges are made, the Florida street address of the register libe identical. Or, in the case of a Florida limited liability contains authorized by an affirmative vote of the members of the limited so of organization or the operating agreement of the limited so of a member or authorized representative of a member agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the agent agent and agree to accept the agent	BELLE ISLE JULIS & ODEN PL Atter name of NEW Registered Agent and/or NEW Registered Office address: JULIS & HIAWASSEE RD, # 116 JULIS & Registered Office Address: DRLANDO JULIS & Registered Office Address: JULIS & HIAWASSEE RD, # 116 JULIS & Registered Office Address: JULIS & HIAWASSEE RD, # 116 JULIS & Registered Office address: JULIS & ODEN PL JUL

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

notified in viriting of this change,

Signature of Registered Agent