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* COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi:	sion of Corporations				
SUBJECT:	R & S DME Services				
SUBJECT.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	I Registered Agent/Registered Offic	e Change and fe	ec(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to the fo	llowing:		
Allan Jarbo	oe				
	Name of Person		-		
R & S DME	E Servies, LLC				
	Firm/Company		-		
7551 Wiles	s RD ste. 103				
	Address		-		
Coral Sprir	ngs FL, 33067				
	City/State and Zip Code		-		
randsdme(@gmail.com				
E-mail	address: (to be used for future annu	al report notifica	ation)		
For further in	oformation concerning this matter, p	lease call:			
Allan Jarbo	pe	954 at (600-3207		
	Name of Person	_ \	Area Code & Daytime Telephone Number		
Regis Divis Clifte 2661	stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	Regis Divis P.O. l	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following amount:					
2 \$2	5 Filing Fee	□ \$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

. Na	me of the limited liability company:	Services	, LLC	
. (a)	7551 Wiles RD	(b	Same	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(``.	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ste 103	_		
	Coral Springs FL 33067	_		
	06/29/2018		L180001	07341
	Date of filing/registration in Florida	4.		Document number
(a)	Carlos Belone			^
(u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	le:
	7980 Wiles RD			-) ()
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS,	<u>)</u>	
	Ste B1			(5
	Coral Springs	33067		- <u>34</u>
	FI.	·		- - بن
(L)	Allan Jarboe			· -
(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lress:	_
	7551 Wiles Rd			
	NEW Registered Office Address:			_
	Ste. 103		·	_
	Coral Springs FL	33067		
char ent w s/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of zill be identical. Or, in the case of a Florida limited liar e authorized by an affirmative vote of the members of eless of organization or the operating agreement of the	the regis ability co of the limi limited li	tered offic mpany, it ited liabili ability co	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
	(No Belie	Carl	os Belor	
ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
ovisia 2 obli mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my positioncus registered agent as provided by reflect a change in the registered office address, I it is writing of this change.	ree to act performa d for in C hereby co	in this cap ince of my hapter 60 infirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent