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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>Select Infrastructure Solutions, LLC.</u> 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:
Jason S. Gordon Esq. Name of Person
Deen Lesa Struce) Firm/Company
(Registered office Address)
Delray Beach, Florida 33484 City/State and Zip Code
Liabeckman OOL@gmail.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lia M. Beckman at (239) 784-6388 or Jason Gordon Name of Person 9/25/2019 Area Code & Daytime Telephone Number (248) 249-421
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$25 Filing Fee \$\sqrt{\textbf{\textit{555}}} \textbf{\text{Filing Fee}} \text{ 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

Florid		, , , , ,				
1. Na	nme of the limited liability company:	Selas LAFA	357UW	ire Solution	y [L(
2. (a)			(b) _)	
(,	Principal office address of limited lia (<u>Note: MUST BE STREET A</u>			_	dress of limited liability c	• •
	6404 Polo Poir	H Way	_	17520	West 12 M	lile Rd.
	Delray Beach, F	-lorida 334	-84	Suite 200	, Southfield	MI 4807
	5/4/2018		L	18000	113122	
3.	Date of filing/registration in	ı Florida	4.		nt number	
5. (a)	Jason Gordon					
	Registered Agent and Registered Office show	wn on the records of the I	Florida De	pt, of State:		
	Registered Office Address (MUST BE F	LORIDA STREET ADE	ORESS)	·		
	6404 Pob Point Way	I			F	
	Dolra, Beach		335	/ 87	190 CI	
	/		- ,			1]
(b)	Lia M. Beckm	an			27 8	-
(0)	Enter name of NEW Registered Agent and	-	fice addre	<u> </u>		11
					5.10	
	20591 Tanglewo	od Ln			AM 10: 00	
	NEW Registered Office Address:			<u> </u>	; O	
	20591 Tangleu	ood Ln				
						
	Estero	, FL	339	<u> 28 </u>		
If the I	imited liability company is not organi	ized under the laws o	of the St	ne of Florida, it is	s hareby confirmed t	hot after
the cha	ange or changes are made, the Florida	street address of the	register	ed office and the	business office of th	e registered
	will be identical. Or, in the case of a learn authorized by an affirmative vote					
	icles of organization or the operating				iy or as other mac pr	ovided in
(Versa Donde			Jan 5	r typed name of signee	
Signa	tire of a member or authorized representative	of a member	-	Printed or	r typed name of signee	
provisi the obl to mer	by accept the appointment as register ions of all statutes relative to the proping as registered ely reflect a change in the registered distribution as registered distribution of this change.	oer and complete per agent as provided fo office address, There	to act in rformanc or in Cha ehy conf.	this capacity. I five of my duties, an opter 605, F.S. Or irm that the limite	urther agree to com ud I am familiar with v. if this document is vd liability company	ply with the and accept being filed has been
Signatu	ue of Registered Agent	2.5 2.019				

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