## 118000121126

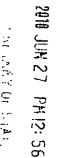
(Re	equestor's Name)							
(Ad	dress)							
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



200315139872

06/27/18--01017--018 \*\*55.00



**B FIGUEROA** JUN 02 2018

## COVER LETTER

	istration Section ision of Corporations		,
SUBJECT:	Clark Electric & Plumbing Ilc		
	Name	of Limited I	liability Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered Office	: Change and	fee(s) are submitted for filing.
Please return	all correspondence concerning this	matter to the	following:
Kennya V	ieira		
	Name of Person		<del>_</del>
Clark Elec	tric & Plumbing lic		
	Firm/Company		
8015 Inter	national Dr Suite 129		
	Address		<del></del>
Orlando, F	FL 32819		
	City/State and Zip Code		<del></del>
clarkelectr	ric@gmx.com		
E-mail	address: (to be used for future annua	l report notif	īcation)
For further in	nformation concerning this matter, pl	ease call:	
Kennya Vi	eira	407	5357809
	Name of Person	(	Area Code & Daytime Telephone Number
Regi Divis Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Re Di P.C	alLING ADDRESS: gistration Section vision of Corporations ). Box 6327 llahassee, Florida 32314
Encl	osed is a check for the following ar	nount:	
<u> </u>	25 Filing Fee	<b>2</b> 1 \$:	55 Filing Fee & Certified Copy
INHS 18 (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: Clark electric 8	ß Plur	nbing				
2. (a)	8015 International Dr Suite 129		8015	International D	r Suite	129	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
	Orlando, FL 32819	_	Orland	do, FL 32819		<u>.</u>	
	05/15/2018	_		121126		<u>.</u>	
3.	Date of filing/registration in Florida	4.		Document nun	nber		
5. (a)	Kennya Vieira						
	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of St	tate:			
	8015 International Dr Suite 129						
	Registered Office Address (MUST BE FLORIDA STREET AL	ODRES!	<u>2)</u>		į	201	
	Orlando, FL_3	32919		_ _		2010 JUK 27	سمير سسان
(b)	Alexandre Vieira				7 Tar 7 Tar 7 Tar 7 Tar 1 Tar		1 1 T ·
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	office ad	dress:		- '≒' ,,	PH 12:	<u></u>
	Same					5: 56	
	NEW Registered Office Address:						
	8015 International Dr Suite 129						
	Orlando, FL_3	2819		_			
sigent vas/wethe arti Signat  I herei provisi the obl	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the relation of the identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the limited of a member of a member of a member of a member of the appointment as registered agent and agree ons of all statutes relative to the proper and complete point of my position as registered agent as provided in the feet of the proper and complete point of the proper and c	ne reginality extends the limited limi	stered officompany, it ompany, it nited liabil liability co nnya Vie	ee and the busine is hereby confirmity company or a sympany.  Printed or typed in the confirmity of th	ess office ned that t s otherwi	of the the cha se prov	registered nge(s) rided in

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