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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	:#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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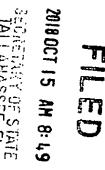


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COVER LETTER

TO:	Registration Section Division of Corporations		
CHRI	PREVENTIVE MAINTENAL	NCE SOUP	RCE LLC
эорэ		me of Limite	d Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning the	nis matter to	the following:
PEDI	RO ANTONIO CEBALLOS		
	Name of Person		
	Firm/Company		
1433	BROOKSIDE AVE		
	Address		
KISS	IMMEE FL 34744		
	City/State and Zip Code		
c3ba	llos@yahoo.com		
I	E-mail address: (to be used for future an	nual report n	otification)
For fu	rther information concerning this matter	, please call:	
PEDI	RO ANTONIO CEBALLOS	407	764-2007
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	2 \$25 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.

1. Na	ame of the limited liability company: PREVENTI	IVE MAINTENANC	CE SOURCE LLC		
2. (a)	1433 BROOKSIDE AVE	(b) 1433 E	(b) 1433 BROOKSIDE AVE		
2. (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(v)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	KISSIMMEE FL 34744	KISSIM	IMEE FL 34744		
	SEPTEMBER 27, 2018	L180002			
3.5. (a)	Date of filing/registration in Florida NONE	4.	Document number		
J. (d)	Registered Agent and Registered Office shown on the records	s of the Florida Dept. of St	ate:		
	Registered Office Address (MUST BE FLORIDA STREET 1433 BROOKSIDE AVE	ET ADDRESS)	2018 OCT 15 AM 8: 49 3EDELLAHASSEE, FL		
	KISSIMMEE	34744 FL_	TASS OF THE		
(b)	PEDRO ANTONIO CEBALLOS		## 6 8 F		
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:			
	NEW Registered Office Address:				
		FL	_		
the cha agent w was/we	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of	s of the registered officed in the second of the limited liability company, it is of the limited liability could be second or the limited liability liability could be second or the limited liability liability could be second or the limited liability	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.		
	Value a adulla	PEDRO AN	TONIO CEBALLOS		
I herel provision the oblit to mere notifica	ture of a member or authorized representative of a member by accept the appointment as registered agent and constant of all statutes relative to the proper and completigations of my position as registered agent as provided reflect a change in the registered office address, I in writing of this change. Line of Registered Agent	agree to act in this ca ete performance of my ided for in Chapter 6b . I hereby confirm tha	Printed or typed name of signee pacity. I further agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been		

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