## 118000 264 392

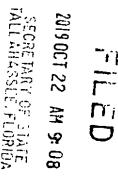
(	Requestor's Name)					
(Address)						
(Address)						
	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions	to Filing Officer:					

Office Use Only



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10/22,19--01018--003 \*\*50.00



\*\* STALKER NOV 1.2 2019

## **COVER LETTER**

D: Registration Section Division of Corporations					
SUBJECT: Floride Strong Services, LLC 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:					
Name of Person					
Florida Strong Sarvices, LLC Firm/Company					
201 Columbus St.					
Address					
Danporo City Beach FL 32407  City/State and Zip Code					
Soworthood agmod.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person  Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section					
Division of Corporations  Division of Corporations					
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee					

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.

r tortua.		<del>-</del> 1	,	1//	
1. Nan	me of the limited liability company: Florida	Strang	Sarvices	LLC	
2. (a)	201 Columbus St	(b)			
( ) _	Principal office address of limited liability company:	` ,	•	ess of limited liability company:	
	(Note: MUST BE STREET ADDRESS)			Y BE POST OFFICE BOX)	
	Paromo City Banch, FC 32407		Spre		
	11/13/18		[Boss]	<del></del> 64392	
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a)	US Comp Agrents INC				
() -	Registered Agent and Registered Office shown on the records of the	Florida Dept	. of State.		
	13302 (Wholing Oak Count A			. ы	
	Registered Office Address (MUST BE FLORIDA STREET AD.	DRESS)		2019 OCT	
	Tampa, FL	3361	<del>7.</del>	<b>22</b>	
,				元 元	
(b) _	GLY WAND			180 5 1819 180 6 1819 180 6 1819	
Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	201 Colombus St			**	
	NEW Registered Office Address:				
			·		
	Ponomo City Boach .FL	3240	7		
If the lir	mited liability company is not organized under the laws	of the Stat	e of Florida, it is l	hereby confirmed that after	
the chan	nge or changes are made, the Florida street address of th	e registere	d office and the b	usiness office of the registered	
was/wer	rill be identical. Or, in the case of a Florida limited liabite authorized by an affirmative vote of the members of t	he limited	liability company	or as otherwise provided in	
the artic	cles of organization of the operating agreement of the lir				
Sumar	The following the standard source and stime of a mamber		Cy WAND Printed or t	amed name of cianes	
	of a member or authorized representative of a member by accept the appointment as registered agent and agree				
provisio the oblig to merel	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided for reflect a change in the registered office address, I here in writing of this change.	ertormance	of my duties, and	l am familiar with and accept	
A100001000	e of Registered Agent				
- Signatul	e objection recin				