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| (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: |
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Office Use Only



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COVER LETTER

| TO: Registration Section? Division of Corporations | • |
|--|--|
| SUBJECT: Sprinkler Guy I Name of Lim | Miami L.L.C. |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chang | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| Miguel Carmona Name of Person | |
| Sprinkler Guy Mlam | <u>l.l.</u> C. |
| 7825 NW 107th Ave ap | <u>† 41</u> b |
| Doral FL, 33178 City/State and Zip Code | |
| Sprin Klerguymiami a ho- E-mail address: (to be used for future annual repor | t mail. com t notification) |
| For further information concerning this matter, please ca | all: |
| Miguel Carmona at (305) 587-4314 Name of Person Area Code & Daytime Telephone Number | |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| t with the track of the state o | Tallahassee, FL 32303 |
| Enclosed is a check for the following amount: | : |
| □ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy |

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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 | me of the limited liability company: Sprinkler Guy Miami L.L.C. |
|---|---|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 7439 NW 107th Path Doral FL 33178 Doral, FL 33178 |
| (a) | Date of filing/registration in Florida 4. Document number M19401 Carm on 9 Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7439 NW 107 th Path |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | Yancira Doigado NEW Registered Office Address: 7825 NW 107th Avc # 410 |
| | Doral FL 33178 |
| change agent w was/we the artic | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. |
| Signat | // Miguel Carmong ure of a member Printed or typed name of signee |
| I herel provision the oblision to mere notified | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed liv reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change. |