L190000 75394

Office Use Only



400338273264

12/20/19--01012--025 ++55.00

19 0EC 20 PH 3: 05



COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Ray Parrish Mobile Welding LLC Name of Limited Liability Company							
Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Raymond Parrish Name of Person							
Ray Parrish Mobile Welding Firm/Company							
9932 Alsobrook Ave							
Riverview FL 33578 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Raymond Parrish at (813) 362-6169 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 amount:							
□ \$25 Filing Fee \$55 Filing Fee & 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.

	, ,	\sim	•	9	-
I. Na	me of the limited liability company:	[] accs	54 M	obile weld	inc LCC
2. (a)	9932 Alsohrook Ave	(b)	993	2 Alsobroo	K Ave
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			iling address of limited (Note: MAY BE POST	• • •
	Riverview, F1 33578		Rive	rview, FC	33578
					
	2 hx/ia		1 19	70000753	:44
3.	Date of filing/registration in Florida	4.		ocument number	_1
5. (a)	United States Corporation Age				
	Registered Agent and Registered Office shown on the records of the	ne Florida De	pt. of State:		10
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			19 OEC 20
	13302 Winding Oak Coo	iart			20
	7gmpa, FL	3361	2		A A
	0 1 D : 1				50 is
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office addres			_
		-	_		
	9932 Alsobrook Ave	, <u> </u>			
	NEW Registered Office Address:				
	Piverview, FL	335	<u> </u>		
	mited liability company is not organized under the law				
agent v	or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab	oility comp	any, it is h	creby confirmed th	at the change(s)
was/we the arti	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the limited imited	ility compa	any. , 🔨	
	Ragnul Voni	,	Rayin	nonel arr	ish
•	ure of a member or authorized representative of a member		/ P	rinted or typed name of	signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	ee to act in performanc for in Cha ereby confi	unis conoci	uv – i iuriner ayree	io combiv wiin ine
Signatu	re of Registered Agent				

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