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## **COVER LETTER**

Registration Section
Division of Corporations

1 (2/14)

JECT: Highly Favored Pressure Heracle U.C. Name	of Limited Liability Company
Sir or Madam:	
nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
e return all correspondence concerning this	matter to the following:
Brian Symunette Name of Person	
Chly Favored Pressure Mobile Det C Firm/Company	buling Clausing Hauting Metal Service Maintenace
781 Jackson Blud Address	
la aderdaje FL 33312 City/State and Zip Code	_ <del></del>
moneffe 1985 @ gma, 1. com E-mail address: (to be used for future annua	al report notification)
rther information concerning this matter, p	lease call:
Name of Person	at (954) 825-3203  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 a	mount:
☐ \$25 Filing Fec	□ \$55 Filing Fee & Certified Copy

## ATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

iant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company its the following statement in order to change its registered office or registered agent, or both, in the State of Name of the limited liability company: Highly favored Pressure Mobile Detailing Cleaning Hawling Metal Service mountenance Lice Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Document number Kaneisha Symunette Brian Symunette.
Enter name of NEW Registered Agent and/or NEW Registered Office address: imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. Printed or typed name of signee ture of member or authorized representative of a member by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons 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 by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

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

e of Registered Agent