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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sebastian Mobile Home Services (LC) 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;
Sebasticer Miguel Name of Person
Sebastian Mibile Home Services LLC Firm/Company
1567 Pine grove Church Rd
Quincy FL 32351 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Selvastian Migsel at (850) 559 - 6727 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

l. Nan	ne of the limited liability company: <u>Sebastian Nuboile Home Services Luc</u>
2. (a) <u>\</u>	Principal office address of limited liability company: 413 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	00/10/0-
_ 3.	Date of filing/registration in Florida 4. Document number
5. (a) _	Kayla Rose Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	190 Starwood lane Chattahoochee FL30324 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b) _	Sebastian Migvel Intername of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address: 1567 Pint Grove Church Rd
-	Quincy FL 32351
change o agent wi was/wer the artic	nited 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 ll be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) is authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in es of organization or the operating agreement of the limited liability company.
	bush May Sebastian Miquel 5r re of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

Signature of Registered Agent