L21000027830

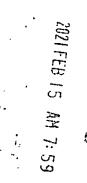
(Requestor's Name)						
. (Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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O SIMMONE APR 05 2021

COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	Rescue Preservation & Mainter	ance LLC			
ODJEC	Name of Limited Liability Company				
Dear Sir	or Madam:				
The enclo	osed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.		
Please ret	turn all correspondence concernit	ng this matter to th	e following:		
Gerson H					
	Name of Person				
	Name of Person				
General C	orporate Services Inc.				
	Firm/Company				
829 W Pa	lmdale Blvd #68				
	Address				
Palmdale	CA 93551				
	City/State and Zip Co	de			
gerson@g	eneralcorporate.com				
E-m	nail address: (to be used for future	annual report not	ification)		
For furthe	er information concerning this ma	itter, please call:			
Mr. Herna	andez	661 at (310 2823		
	Name of Person	ar (Area Code & Daytime Telephone Number		
R D P	Aailing Address: Registration Section Division of Corporations 2.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
E	inclosed is a check for the follow	ving amount:			
	S25 Filing Fee	X :	\$55 Filing Fee & Certified Copy		
INHS18 (3	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.

rincipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	
rincipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\		
-			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
021	_		
Date of filing/registration in Florida	- ,	L210000278	
•	4.		Document number
red Agents Inc.			- 2
d Agent and Registered Office shown on the records of the St N	he Florid	a Dept. of State	
d Office Address MUST BE FLORIDA STREET A	DDRES.	Z)	5 5
rsburg	33702		M 7: 59
Drange Dr #218	Office ad	dress:	-
	33330		.
ges are made, the Florida street address of the rentical. Or, in the case of a Florida limited liabilized by an affirmative vote of the members of ganization or the operating agreement of the li	egistere oility co the lim	d office and mpany, it is lited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Matthews	Kale	b Matthews	
the appointment as registered agent and agrestatules relative to the proper and complete post my position as registered agent as provided a change in the registered office address, I held of this change.	e to act erforma for in C ereby co	in this capa ince of my a hapter 605, infirm that i	Printed or typed name of signee city. I further agree to comply with the wites, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
	d Office Address MUST BE FLORIDA STREET A resburg , FL atthews the of NEW Registered Agent and/or NEW Registered prange Dr #218 gistered Office Address: FL bility company is not organized under the law test are made, the Florida street address of the restricted. Or, in the case of a Florida limited lish tized by an affirmative vote of the members of ganization or the operating agreement of the light that the appointment as registered agent and agree statutes relative to the proper and complete p of my position as registered agent as provided a change in the registered office address; I he of of this change. Atthewa	d Office Address MUST BE FLORIDA STREET ADDRES. Triburg , FL 33702 atthews The of NEW Registered Agent and/or NEW Registered Office address: The of New Registered Agent and/or New Registered Office address: The off	d Office Address (MUST BE FLORIDA STREET ADDRESS) atthews atthews of NEW Registered Agent and/or NEW Registered Office address: Drange Dr #218 gistered Office Address: FL 33330 bility company is not organized under the laws of the State of Flories are made, the Florida street address of the registered office and itical. Or, in the case of a Florida limited liability company, it is ized by an affirmative vote of the members of the limited liability gamization or the operating agreement of the limited liability company. Matthewa Kaleb Matthews maker or sutherized representative of a member of the depointment as registered agent and agree to act in this capa statutes relative to the proper and complete performance of my and formy position as registered agent as provided for in Chapter 605, a change in the registered office address, I hereby confirm that it go of this change. Atthewa