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SECRETARY OF STATE
TALLAHASSEE, FLORIE

COVER LETTER

FO: Registration Section Division of Corporations					
SUBJECT: I Reliable Sexuice LLC 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:					
Calvin Merthie Name of Person					
1 Le 11 able Service, LCC Firm/Company					
1611 Merthie's Dr Address					
SANFOYD F1. 32771 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Calvin Merthie at 321 262-7037 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:					
\$25 Filing Fee					

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.

l. Na	me of the limited liability company: [AE Lab]	e Sev	VICE, LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limit	ed liability company: ST OFFICE BOX)
	Sproford Floricla, 32771		SANford, P	-lurida 37771
	4/8/2021		L21000164	1067
3.	^	1.	Document number	
5. (a)	Calvin Merthie			
	Registered Agent and Registered Office shown on the records of the I	Florida Dept.	of State:	
	1808 S. LOCUST AVE Registered Office Address MUST BE FLORIDA STREET ADD	ORESS)		
	International In			
	SAnifora .FL	3277	<u>/</u>	FILE MAIJUL 26 TAELBARASS TAELBARASS
(b)	Calvin Merthie			能 [26]
(0)	Enter name of NEW Registered Agent and/or NEW Registered Off	ice address		
				E GF ST
	NEW Registered Office Address:			. 28
	1611 Mershie's Dr			
	SANford .FL	3277]		
change agent w was/we	imited liability company is not organized under the laws of changes are made, the Florida street address of the regivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liabilities.	istered offi ity compan ie limited li ited liabilit	ice and the business offic y, it is hereby confirmed lability company or as otl y company.	e of the registered that the change(s) herwise provided in
Signat	ture of a member or authorized representative of a member		Printed or typed name	of signee
I herel provision the oblition mere	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the reflect a change in the registered office address, I here in writing of this change.	o act in thi formance o r in Chapte by confirm	s capacity. I further agre of my duties, and I am fan or 605, F.S. Or, if this da of that the limited liability	ee to comply with the niliar with and accept cument is being filed company has been
į,				

Signature of Registered Agent