122000086540

(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:

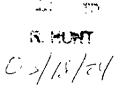
Office Use Only



000425599220

03/19/24--01014--019 ••35.00





COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Albanese Services Name of Limit	ted 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:		
Stephen A. Albanes Name of Person		
Albanese Services LLC Firm/Company		
1019 SE 7th CT Address		
Deerfield Beach, FL 3 City/State and Zip Code	3441	
Albaneseservices Ggmail. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Stephen Albanese at (E) Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
S25 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.

1. Name of the limited liability company: Albanese Services LLC
2. (a) 1019 SP 74 CT (b) 1019 SP 74 CT
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Dearfield Beach, FL 33441 Dearfield Beach FL 33441
SCENT OC 1900 1, 1900 1, 1900 1, 1900 1, 1900 1, 1900 1, 1900 1, 1900 1, 1900 1, 1900 1, 1900 1, 1900 1, 1900 1
1220
02/23/2022
3. Date of filing/registration in Florida 4. Document number
5. (a) Chited States Corporation Agents The Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
476 Biverside Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Jacksonville FL 32202
(b) Stenhen A. Albanese
(b) Stephen /T- 7 [Dahe) - 2 Enter name of NEW Registered Agent and/or NEW Registered Office address:
1019 SE 74 CT
NEW Registered Office Address:
<u></u> ගැන්නිය. රාජ්ය විශ්ය ව
\mathcal{O}
Wertield Deach FL 3399
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.
Stephen Hlbanese Printed or typed name of signee
I horeby 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
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 charge
Configuration of Registered Agent