h22000259

(Requestor's Name)		
(Address)		
	idress)	
ν.)	utess)	
(Cit	ty/State/Zip/Phone #	(f)
PICK-UP	☐ WAIT	MAIL
(D.		
(Bu	isiness Entity Name	?)
(Document Number)		
Certified Copies	Certificates o	of Status
	_	
Special Instructions to Filing Officer:		
גסו		
		

Office Use Only



300391873463

08/04/22--01018--009 **25.00

2022 AUG -4 PM 2: 02 :

J DENINIS KOV 02 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AS Pumping Name of Limited Lia	bility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fe	ollowing:	
Kimberly D. Bramer Woodson Name of Person	_	
AS Pumping Firm/Company	_	
113 Windmill Creek Circle	_	
Satsuma I-L 32189 City/State and Zip Code	_	
E-mail address: (to be used for future annual report notific	Y) cation)	
For further information concerning this matter, please call:		
Kinherly Gamer Woodson at 301) 278-0068 Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee □ \$55	□ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTER. LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited submits the following statement in order to change its registered office or registered agent, or both, in the Sa Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (<u>Note: MAY BE POST OFFICE BO</u>X) (Note: MUST BE STREET ADDRESS) Document number 3. states Corporation Higents, Inc Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575 S. Semoran Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: 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. mattire of a member or authorized representative of a member 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. ignature of Registered Agent

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