LJ2000324415

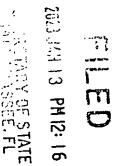
(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CeCe Con tract Name of Limit	ted Hability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Michael Cent Name of Person	
Ce Ce Contracting UC Firm/Company	<u>. </u>
511 SE Ruby Ct Port St Lucie Fo	<u> </u>
Port St Lucie & J4984 City/State and Zip Code	·
Ce Ce Contracting PSL@ amo E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	ł:
Michael Cerk at ()	7) 612 SUBC 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:	
△ \$25 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.

(a) 5	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
_		
_		
	Date of filing/registration in Florida 4.	Document number
(a) <u> </u>	Cheyenne Moseley egistered Agent and Registered Office shown on the records of the Florida Dept. of	of State:
Ŕ	United States Corporation Agents, INC Legistered Office Address (MUST BE FLORIDA STREET ADDRESS)	
,	5575 S. Semoran Blud #36	N.C.
_	Orlands ,FL 32922	The state of the s
_	, FL <u>3</u>	
(b) _	Michael Cenk	
E	nter name of NEW Registered Agent and/or NEW Registered Office address:	MIN 13 PH 12: 16
ť	SILSER LO POLCH . C. DIGGIL	·
	511 SE Ruby Ct Port Stland FL 34994 EW Registered Office Address:	
_	C	
		
	, FL	
۔ دیائی		
ange of	ited hability company is not organized under the laws of the State of charges are made, the Florida street address of the registered office	ce and the business office of the registered
as/were	I be identical. Or, in the case of a Florida limited liability company suthorized by an affirmative vote of the members of the limited lie	ability company or as otherwise provided in
e artick	es of organization or the operating agreement of the limited liahiling	y company.
Sionatur	e of a member or authorized representative of a member	Printed or typed name of signee
herehv	accent the appointment as registered agent and agree to act in this	s canacity. I further agree to comply with the
ovisión	s of all statutes relative to the proper and complete performance of ations of my position as registered agent as provided for in Chapte preflect a change in the registered office address, I hereby confirm	f my duties, and I am familiar with and accep
e obliga	ations of my position as registered agent as provided for in Unapte.	r ous, r.s. Or, ii inis aocumeni is oeing iiie

Signature of Registered Agent