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· COVER LETTER

	egistration Section Division of Corporations	٠	•
SUBJEC	C3 Maintenance Solutions LLC T:		
	Name of	Limited L	iability Company
Dear Sir o	or Madam:		
The enclo	osed Registered Agent/Registered Office C	hange and	fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this ma	itter to the	following:
CHAD SA	KONCHICK		
	Name of Person		
BETTERL	LEGAL INC		
	Firm/Company		
5473 Blair	r Rd., Suite 100, PMB 35833		
	Address		_
Dallas, TX	C 75231		
	City/State and Zip Code		
filings@be	etterlegal.com		
E-m	ail address: (to be used for future annual r	eport notif	ication)
For furthe	er information concerning this matter, plea	se call:	
CHAD SA	KONCHICK	+1 t ((512) 969-2339
	Name of Person	. (Area Code & Daytime Telephone Number
R D P	Mailing Address: Registration Section Division of Corporations P.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 following amo	ount:	
•	\$25 Filing Fee	□ \$.	55 Filing Fee & Certified Copy
INHS18 (2	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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) ORLANDO, FL 32803 Indication of the Florida or Document number of the Florida Dept. of State: 476 RIVERSIDE AVE Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 476 RIVERSIDE AVE Registered Agents Inc Intername of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St. N STE 300 NEW Registered Office Address: St. Petersburg FL 33702 Imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the	2610 CORRINE DR	(b) 2610 CORRINE DR
Date of filing/registration in Florida 4. Document number LEGALINC CORPORATE SERVICES INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 476 RIVERSIDE AVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) JACKSONVILLE FL 32202 Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St. N STE 300 NEW Registered Office Address: St. Petersburg FL 33702 Imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the	•	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 476 RIVERSIDE AVE Registered Office Address	ORLANDO, FL 32803	ORLANDO, FL 32803
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St. Petersburg FL 33702 limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that or changes are made, the Florida street address of the registered office and the business office of the reg		
imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the	St. Petersburg	F1. 33702
will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the cha ere authorized by an affirmative vote of the members of the limited liability company or as otherwise pro- icles of organization or the operating agreement of the limited liability company.	mited liability company is not organized under the lor changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members des of organization or the operating agreement of the	laws of the State of Florida, it is hereby confirmed that afte he registered office and the business office of the registered liability company, it is hereby confirmed that the change(s s of the limited liability company or as otherwise provided
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nture of a member or authorized representative of a member Printed or typed name of signee	ire of a Gember or authorized representative of a member	Printed or typed name of signee

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

Signature of Registered Agent