## L23000366479

(Requestor's Name)							
(Address)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Special Instructions to Filing Officer:							

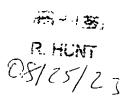
Office Use Only



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2023 AUG 25 PH 12: 40



	••	COVER L	PITER					
	gistration Section rision of Corporations							
SUBJECT:	SILVER PLUMBING SERVE	CES LLC						
13 C) (34) C.C. 1	Name of Limited Liability Company							
Dear Sir or	Madam:							
The enclose	ed Registered Agent/Registere	d Office Change and	fee(s) are submitted for filing.					
Please retur	n all correspondence concerni	ing this matter to the f	following:					
GIOVANN	A J IANDOLI							
	Name of Person		<del></del>					
	Firm/Company							
11863 Pethr	ick Drive							
	Address							
Orlando, Flo	orida 32824							
	City/State and Zip C	ode	<del>_</del>					
silverplumb	ingservices@gmail.com							
E-mai	l address: (to be used for futur	re annual report notifi	cation)					
For further	information concerning this m	natter, please call:						
Giovanna J	landoli	786 at (	8063232					
	Name of Person		Area Code & Daytime Telephone Number					
Reg Div P.C	ailing Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enc	closed is a check for the follo	owing amount:						

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## 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.	Na	me of the limited liability company: SILVER PLUM	BING SERV	TCES LLC			
2. (	a)	11863 Pethrick Drive, Orlando Fl. 32824	(b)	11863 Pethrick Drive, Orlando Fl. 32824			
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited I (Note: MAY BE POST C		•
3.		08/03/2023  Date of filing/registration in Florida		.23000366-	479 Document number		
5. (a)	Registered Agent and Registered Office shown on the records o Giovanna J Iandoli	of the Florida l	Dept. of State	_ e:			
		Registered Office Address (MUST BE FLORIDA STREET) 8195 NW 104 AV # 33	-				
		DORAL	T. 33178		-	2023	SIVIS
(b)	bı	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Giovanna J landoli				2023 AUG 25 PM	
		NEW Registered Office Address: 11863 Pethrick Drive		PH 12: 40			
		Orlando . F	L_32824		_		
cha age was the	nge nt v /we arti	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lear authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered iability con of the limit e limited lid	l office and ipany, it is ed liability	d the business office of s hereby confirmed that y company or as othery apany.	the register tithe change	ed (s)
——Si	gnat	ure of a member or authorized representative of a member		uma y randi	Printed or typed name of s	ignee	
The pro the to n	erel visi obli rere	w accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change.	e performai	ice of my a	luties, and I am familie	ir with and e	accept
Sign		i Drama Tandoli te of Registered Agent					