## L23000537910

(Requestor's Name)						
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(Addr	ess)	<u> </u>				
(City/S	State/Zip/Phor	ne #)				
PICK-UP	☐ WAIT	MAIL				
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Certified Copies	Certificate	es of Status				
Special Instructions to Fil	ing Officer:					
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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: City FloriDA T	Plumbing					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the	e following:					
Roy Oslæ  Name of Person	<del></del>					
City florida Plumbins Firm/Company	<del></del>					
14346 SW 180 TERIL Address						
City/State and Zip Code						
E-mail address: (to be used for future annual report not	ification)					
For further information concerning this matter, please call:						
1204 OSCO at (305	990-8194					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Area Code & Daytime Telephone Number  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)						



July 24, 2024

CITY FLORIDA PLUMBING LLC 14346 SW 180 TERRACE MIAMI, FL 33177

SUBJECT: CITY FLORIDA PLUMBING LLC

Ref. Number: L23000537910

We have received your document for CITY FLORIDA PLUMBING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

AU6 1 2 2024

Letter Number: 024A00016360

## 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	ame of the limited liability company:	Toria	LI L	Plumb	sers		
2. (a)		(h)					
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	14346 Su 180 TERM						
	MiAMI +1 33177						
	8/6/24	_	Ĺ2	230005	-37910	<i>9</i>	
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)	Roy Orle						
-· ( <del>-</del> )	Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of S	State:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
	14346 Sw 180 Fern				•	~3	
	<del>-</del>		<del></del>		Ξ	-76	
	Miphi, ,FL	331	77		,	=	
4.	Roy Osie				_	2024 AUG 12	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Office add					
	the man of the water and the man of the man	Jinet aug	1133			₹. Çņ	
	14346 SW 120 TEAL					:=- :ù	
	NEW Registered Office Address:					ω	
	MiAmi Fl 33177						
	, FL_			<del></del> -			
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	egistered oility con the limit	l office npany, i ed liabi ibility c	and the business t is hereby confi lity company or	office of the remed that the as otherwise p	registered change(s)	
Signa	sture of a member or authorized representative of a member		, (		d name of signee		
provisi the obi to mer notified	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act i erformar for in Ch ereby cor	n this co nce of m napter 6 nfirm the	apacity. I furthe sy duties, and I a 05, F.S. Or, if to at the limited lia	r agree to con im familiar wi his document bility compan	nply with the th and accept is being filed y has been	