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WIN

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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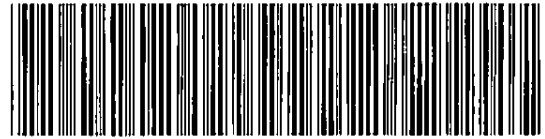
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOP SERVICES OF CENTRAL FLORIDA LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francisco Gomes

Name of Person

Firm/Company

3434 ROYAL ASCOT RUN

Address

GOTHA, FL 34734

City/State and Zip Code

GOMESMASTERPAINTER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCISCO GOMES

321

297 3342

at ( )

Name of Person

Area Code & Daytime Telephone Number

**X 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

**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. Name of the limited liability company: TOP SERVICES OF CENTRAL FLORIDA LLC
2. (a) 15219 STARLEIGH RD WINTER GARDEN, FL 34787  
Principal office address of limited liability company.  
(Note: MUST BE STREET ADDRESS)
- (b) 15219 STARLEIGH RD WINTER GARDEN, FL 3478  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 05/28/2024 Date of filing/registration in Florida
4. 124000243190 Document number
5. (a) MARCOLINO, WALTERZINHO J  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
15219 STARLEIGH RD WINTER GARDEN, FL 34787  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_
- (b) FRANCISCO GOMES  
Enter name of NEW Registered Agent and or NEW Registered Office address  
\_\_\_\_\_  
NEW Registered Office Address:  
3434 ROYAL ASCOT RUN  
\_\_\_\_\_  
GOTHIA, FL 34734

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.

\* Walterzinho Jose Marcilio  
Signature of a member or authorized representative of a member

\* WALTERZINHO JOSE MARCILIO  
Printed or typed name of signer

*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.*

Francisco Gomes  
Signature of Registered Agent

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

2024 MAY 15 PM 4:02