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COVER LETTER

PO: Registration Section Division of Corporations		
SUBJECT: Major Services SF Name of Limited Lia	L	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
Janie Major. Name of Person		
Firm/Company		
(e778 NW 1St St.	· · · · · · · · · · · · · · · · · · ·	
Margate FL 33043 City/State and Zip Code	₋₍ ,	
e-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, please call:		
Jame of Person at (954)	Nrea 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.

I. Na	me of the limited liability company: Major Services SFL
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	08/26/24 L24000372995
3.	Date of filing/registration in Florida 4. Document number
5. (a)	United States Corporation Agents, T-NC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 4710 Riverside Ave.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Jacksonville FL 32202 Jamie Major Finter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	Margate , FL 33063
change agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
I hereb provision the oblit to mere	pare of a fearnber or authorized representative of a member Nace of a fearnber or authorized representative of a member Printed or typed name of signee The property accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

Signature of Registered Agent