1. Entity Name	IENT # L970	00000393			FILED		
DHS MAINTENANCE SERVICES, L.C.		e 19		OI MAY -2 PM	1 1:35		
					SECRETARY OF	STATE	
Principal Place o		Mailing Address			SECRETARY OF TALLAHASSEE, I	FLORIDA	
352 W CONNECT LAKE HELEN FL		352 W CONNECTICUT LAKE HELEN FL 32744					
2. Principal Plac	ce of Business	3. Mailing Address					
Suite, Apt. #,		Suite, Apt. #, etc.			DO NOT WRITE IN	I THIS SPACE	
City & State		City & State		4. FE	I Number		oplied For
, Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	59-3447936		ot Applicable
		· · · · ·	+ t	- 1	rtificate of Status Desired [Fee Require	
	6. Name and Address of Currer	nt Registered Agent	Name		me and Address of New Regis	tered Agent	
Preston, todd 352 w connecticut ave Lake Helen FL 32744			Street	Street Address (P.O. Box Number is Not Acceptable)			
				· · ·			
LARE HELEN	1 FL 32/44		City		· · · · · · · · ·	FL Zip Cod	e
. The above nar	amed entity submits this statement	for the purpose of changing i	<u> </u>		-		
			ts registered office.	or registered agen	t, or both, in the State of Florida.		
	Y DT		ts registered office	or registered agen		(300)	
	Jose w. Theo ba	~	ts registered office		7	(30.01) DATE	
SIGNATURE <u></u> Sign	Josephine of registered ager	nt and title if applicable. (NC	DTE Registered Agent eign	nature required when reins	7	(30.0) DATE	
SIGNATURE	Josephered or printed name of registered ager	nt and title if applicable. (NC	DTE Registered Agent sign	nature required when reins	7	(30.0) Date.	
Sigr	John W. Res G gnature, yped or printed name of registered ager MANAGING MEM	nt and title if applicable. (NO FILE N Make Check F BERS/MEMBERS	TE Registered Agent sign WWIII FEE IS a bable to Depart 10.	nature required when reins	7	NGES	
Sign TLE MI	MANAGING MEMI	nt and title if applicable. (NO FILE I Make Check F	TE Registered Agent sign	nature required when reins	ating)	DATE	Addition
TLE MI AME PF TREET ADDRESS 35	MANAGING MEMI IEM RESTON, TODD 52 W CONNECTICUT AVE	nt and title if applicable. (NO FILE N Make Check F BERS/MEMBERS	TE Registered Agent sign No Will FEE IS a bble to Depart 10. TITLE NAME STREET ADDRESS	nature required when reins \$50.00 rtment of State	ating)	NGES	Addition
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