06/18/18 01:20PM PDT Registered 06176380 Pg 1/ 6/18/2018 lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000181813 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 12010000062

Phone

: (888)705-7274

Fax Number

; (888)706-7274

\*\*Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.\*\*

Email Address:
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## LLC REGISTERED AGENT CHANGE HALLWAY PLUMBING LLC

Name and Address of the Owner, where the Party of the Par	
Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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	COVER LET THE TELESCOPE OF THE PERSON OF THE
TO: Registration Section Division of Corporations	
SUBJECT: Hallway Plumbing	g LLC
Nar	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	
Mary Castillo	
Name of Person	-
Registered Agent Solutions, Inc.	<u>-</u>
Firm/Company	
1701 Directors Blvd, Suite 300	· · · · · · · · · · · · · · · · · · ·
Address	
Austin, TX 78744	
City/State and Zip Code	
notices@rasi.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter,	please call:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 3230;	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	mount:
S25 Filing Pee	☐ \$55 Filing Fee & Certified Copy
NH\$18 (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.

1. 1	Name of the limited								
					<i>(</i> L)	·			
	Cyote:	ce address of limited   MUST RE STREET	<u>ADDRESS</u>		(b)	Mailing add	tress of limited	liability	company:
	1350 Bluegrass Lakes Parkway				(Note: MAY BE POST OFFICE BOX) 1350 Bluegrass Lakes Parkway				
	Alpharetta,	GA	30004			retta,	GA	······	30004
	12/12/2013				M130	000078	F.G.	0.7	
3.	Date of fi	ling/registration is	n Florida	<b>-</b> 4.	141 100			·	
5. (a				-			nt number		
. (-	Rogistered Agent and	Registered Office sho	wn on the records of	de rie	1.5			ಯ	
	CORPORA	TION SERV	ACE COME	(BC F 10T)(	an Dept. of St	ate;		$\triangleright$	
	Registered Office Add	ress (MUST BE F	TORINA STREET	AIVY				ćù	, ,
	1201 HAYS ST			UDKEN	<u>20</u>			Ö	
	TALLAHASSEE						•	' '	
(b)	Enter name of NEW R			Office ad	ldress:	<del>-</del>			
<b>(b)</b>	Registered Age NEW Registered Office 155 Office Plaz	ent Solutions, Ir		Office ad	ldress:	-			
<b>(b)</b>	Registered Age NEW Registered Office 155 Office Plaz	ent Solutions, Ir		Office ad	ldress:	 - -			
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