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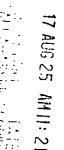
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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S. WARREN AUG 2 9 2017

COVER LETTER

TO: Registration Section

INHS18 (2 14)

Division of Corporations						
SUBJECT:	ECT: Muska Plumbing, LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning the	his matter to the following:					
Name of Person Muska Mumbine Firm/Company						
1985 Dakors Address Roseville, MN	55//3					
City/State and Zip Code						
E-mail address: (to be used for future and	lector Com					
For further information concerning this matter,	, please call:					
Name of Person	at (651) 637 - 57 26 Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
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. N	ame of the limited liability company: Muska Plun	nbing, I	LC	
2. (a)			(h)	
, ,	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)
	1985 Oakcrest Avenue			
	Roseville, MN 55113			
	08/01/2016		M160000	006163
3.	Date of filing/registration in Florida	4	_ _	Document number
5. (a)	CT CORPORATION SYSTEM			
(-)	Registered Agent and Registered Office shown on the records	of the FI	orida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREE	TADDE	ESS)	_
	1200 South Pine Island Road			
	Plantation		33324	17
		FL		AUG (1.5.)
(b)	InCorp Services, Inc.			6 25 6
	Enter name of NEW Registered Agent and/or NEW Register	red Offic	address:	
	NEW Registered Office Address:			AH II: 21 STATE CORID
	17888 67th Court North			무슨 글
	17666 67th Court North			_
	Loxahatchee	FL_	33470	
agent w was/we the arti-	mited liability company is not organized under the inge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization of the operating agreement of the unit of a member or authorized representative of a member by accept the appointment as registered agent and a conso of all statutes relative to the proper and complete in the proper of the proper and complete in the proper and complete in the registered office address, in writing of this change.	of the re liability s of the he limite	egistered office company, it is limited liability con company.	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany. Printed or typed name of signee
Ü	ly reflect a change in the registered office address, in writing of this change. on behalf of Incorp Service of Registered Agent			the limited liability company has been