

(Requestor's Name)	
(Address)	00032
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	62.400.44
(Document Number)	03/08/1
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



000325808390

03/08/19--01017--006 **55.00

2018 HAR -8 Pri 4: 35

Chichini



COVER LETTER

INHS18 (2/14)

		COVER	LETTER E			
TO:	Registration Section					
	Division of Corporations		The state of the s			
SHRI	Chief Building Services LLC					
5000		of Limited	Liability Company	 بش.		
Dear :	Sir or Madam:		LETTER Liability Company			
The e	nclosed Registered Agent/Registered Offic	e Change an	d fee(s) are submitted for filing.			
Please	e return all correspondence concerning this	matter to th	e following:			
Al Ha	awkins					
	Name of Person					
Chie	f Building Services LLC					
	Firm/Company					
4643	B.E. Thomas Road, Ste. 11					
	Address					
Phoe	enix, AZ 85018					
	City/State and Zip Code					
sales	s@chiefbldservices.com					
	E-mail address: (to be used for future annu	al report not	ification)			
For fu	arther information concerning this matter, p	olease call:				
Al Ha	awkins	602	957-0837			
	Name of Person	_ "' (Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	N	MAILING ADDRESS:			
	Registration Section Registration Section					
Division of Corporations Division of C Clifton Building P.O. Box 632			Division of Corporations			
	2661 Executive Center Circle Tallahassee, Florida 32314					
	Tallahassee, Florida 32301	•				
	Enclosed is a check for the following a	imount:				
	□ \$25 Filing Fec	☑ :	\$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

1. Name of the limited liability company: Chief Building Services LLC						
2	(a)	Arizona	(t	Arizona		
	(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		4643 E. Thomas Road		PO Box (68044	
		Suite 11 Phoenix, AZ 85018	-	Phoenix,	AZ 85082	
		November 7, 2018		M1800000	09986	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Theris Hawkins				
٥.	(ω)	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. of State	:	
		Theris Hawkins			20	
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRES:	<u> </u>	4. 3	
		1540 International Pkwy., Ste. 2000				
		Lake Mary , FL	32746		2019 HAR -8 PT	
ě	(b)	Albert Hawkeins				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	<u>ldress</u> :	#E	
		Albert Hawkins				
		NEW Registered Office Address:				
		1540 Onternational Pkwy., Ste. 2000				
		Lake Mary, FL	32746			
the ag wa	ent v ent v is/we arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	he regi pility co the lin imited	stered office ompany, it is nited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.	
_	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
pro the to	ovisi 2 obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d'in writing of this change.	e to ac erform for in ereby c	t in this cape cance of my c Chapter 605 onfirm that t	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent