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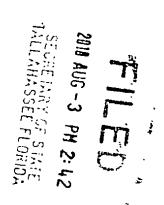
(Re	equestor's Name)			
(Ac	idress)			
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PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

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COVER LETTER

TO:	Registration Section Division of Corporations					
SHRIF	First Coast Remodeling Ser	vices, LLC				
Name of Limited Liability Company						
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.			
Please r	return all correspondence concerning th	is matter to	the following:			
David	Vandergrift					
	Name of Person					
First C	Coast Remodeling Services, LLC					
	Firm/Company	<u> </u>				
246 U	cita Ave.					
	Address					
Saint /	Augustine, FI 32084					
	City/State and Zip Code					
david@	@firstcoastremodeling.com			338	2018 AUG	
E-	mail address: (to be used for future and	ual report ne	otification)	2+ m - m - m - m	AUG	
For furt	her information concerning this matter.	please call:		SSE EE	<u>ن</u> ا	
David	Vandergrift	210 at (381-2586	FLOF	3. Hd	
	Name of Person		Area Code & Daytime Telephon	e Number	7	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		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	0	\$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.

1. Na	ame of the limited liability company: First Coast	Remodeling Se	rvices, LLC			
2. (a)	246 Ucita Ave, Saint Augustine, Fl 32084	(b) 246	(h) 246 Ucita Ave. Saint Augustine, FI 32084			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					
	07/17/2012	1 1200	00092268			
3.	Date of filing/registration in Florida	4.	Document number	 'r		
	UNITED STATES CORPORATION AGEN			•		
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	 State:			
	13302 WINDING OAK COURT, TAMPA, F	•				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
	13302 Winding Oak Court A					
	Tampa	33612				
	, .	·		AUG TI		
(b)				တို့ကို မ		
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:		TE R		
	David Vandergrift			STATE LORIDA		
	NEW Registered Office Address:			P		
	246 Ucita Ave					
	Saint Augustine	FL_32084				
the cha agent v was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member iclass of organization or the operating agreement of the	of the registered o liability company s of the limited lial	ffice and the business, it is hereby confirmed bility company or as o company.	office of the registered d that the change(s)		
Signa	ature of a member or authorized representative of a member		Printed or typed nam	ie of signee		
provisi the obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provide ety reflect a change in the registered office address, dip writing of this change.	igree to act in this de performance of ded for in Chapter I hereby confirm t	capacity. I further ag my duties, and I am fa 605, F.S. Or, if this a hat the limited liabilit	ree to comply with the nmiliar with and accept locument is being filed y company has been		
Signatu	re of Registered Agent					