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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:			
CINICAL	MUULESS.			

## LLC REGISTERED AGENT CHANGE **VELLAR HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

K. SALY

MAY 17 2024

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## 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.

١.	Na	nne of the limited liability company: $$	ELLAR HOLDIN	GS LLC	
2.	(a)			(b)	
		Principal office address of limited liabil (Note: MUST BE STREET ADD			Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
		08/25/2020			00263464
3.		Date of filing/registration in F	lorida	4.	Document number
5.	(a)	VANCE, ROGER			
		Registered Agent and Registered Office shown	on the records of t	he Florida Dept.	of State:
		19 Largo Way			_
		Registered Office Address (MUST BE FLO		DDRESS)	
		Boynton Beach			
	(b)	Registered Agents Inc			第 き ロ
(0)	(0)	Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered	Office address:	—— ru, r
		7901 4th St N			•
		NEW Registered Office Address:			
		STE 300			<del></del>
		St. Petersburg	, FL	33702	
the ag	e cha ent v is/wa	inge or changes are made, the Florida st will be identical. Or, in the case of a Flo	reet address of orida limited lia the members o	the registered bility compains f the limited l	e of Florida, it is hereby confirmed that after doffice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	!	ture of a member or authorized representative of		Robin Jon	nes
	Signa	ture of a member or authorized representative of	a member	A	Printed or typed name of signee
pr the to	ovisi e obi merc	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered ag ely reflect a change in the registered off d in writing of this change.	l agent and agree and complete ent as provided lice address, I h	ce to act in the performance I for in Chapt tereby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed in that the limited liability company has been
T	)avid	David Roberts	- Assistant Se	ecretary	
		wol Registered Agent			

(((H24000176934 3)))

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 12889000081 Phone (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE SPRAY FOAM AMERICA FL LLC

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Estimated Charge	\$25.00

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## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Same of the limited liability company: Spray Foam Amer	rica FL, L	LC	
2. (a.				
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			viailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	01/05/21  Date of filing/registration in Florida	 	L210000172	Document number
J.		٦.		boetinen number
5. (a	) LAWHON, ANTHONY M  Registered Agent and Registered Office shown on the records of			
	•	the rigito	a Dept. or state	:
	3003 TAMIAMI TRAIL N  Registered Office Address (MUST BE FLORIDA STREET)	annore	<u> </u>	
	200	ADDKES.	22	7624 7AL
	NAPLES	34103		TALLAMASS FALLAMASS
(b	Registered Agents Inc		···	AY 16 PH 2: 25
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>idress</u> :	(%)
	7901 4th St N			25 Rib
	NEW Registered Office Address:	•		-
	STE 300			
	St. Petersburg, FL_	33702		
the chagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regi ability co of the lin	stered office ompany, it is nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	Reduce Januage lature of a member or authorized representative of a member	Rob	in Jones	
				Printed or typed name of signee
паци	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I we witting of this change.		t in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
una ()	David Roberts - Assistant Se	ecretary		

Signature of Registered Agent