

F19000004824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

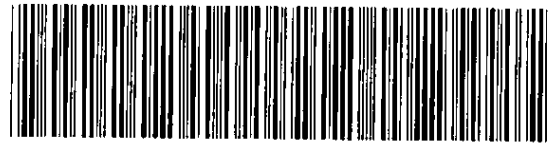
(Business Entity Name)

(Document Number)

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CLERK, JUDY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: One Source Restoration & Building Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F19000004824

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Les Mouzon

Name of Contact Person

One Source Restoration & Building Services, Inc.

Firm/Company

301 W. Platt Street, #A388

Address

Tampa, FL 33606

City/State and Zip Code

les@onesourceresto.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Les Mouzon

Name of Contact Person

at (813) 380-5510

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New Jersey in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: One Source Restoration & Building Services, Inc.
2. The principal office address: 301 W. Platt Street, #A388
Tampa, FL 33606
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/18/2019 Document number: F19000004824
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gregory Cirignano

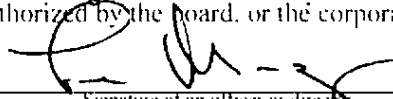
3110 Grand Avenue, #1110

P.O. Box NOT acceptable

Pinellas Park, FL 33782

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

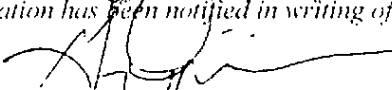


Signature of an officer or director

Les Mouzon

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

8/26/2024

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

FILED
2024 AUG 27 PM 4:20
TALAHASSEE, FLORIDA
DEPARTMENT OF STATE