

L05000083503

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COVER LETTER

**TO: Amendment Section
 Division of Corporations**

SUBJECT: FINELINE CONSTRUCTION SERVICES INCORPORATED

DOCUMENT NUMBER: P03000099379

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:

Name of Contact Person:	<u>Devin Newman</u>
Firm/Company:	<u>All Florida Firm, Inc.</u>
Address:	<u>465 S Volusia Av, Suite C</u>
City, State Zip Code	<u>Orange City, FL 32763</u>

For further information concerning this matter, please call:

Devin Newman at 386-456-0018

Enclosed is a \$35 check made payable to the Department of State.

**Mailing Address:
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

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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 608.416 or 608.508, 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. The name of the limited liability company is: LAWRENCE ARNOLD HOME REPAIR, LLC
2. The mailing address of the limited liability company is : 778 SENECA MEADOWS ROAD
WINTER SPRINGS FL 32708

08/23/2005

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LAWRENCE ARNOLD

Name

778 SENECA MEADOWS ROAD

Address

WINTER SPRINGS FL 32708

City, State and Zip

6. The name and address of the new registered agent and/or office:

ALL FLORIDA FIRM INC

Name

465 S VOLUSIA AVE SUITE C

Florida street address (P.O. Box NOT acceptable)

ORANGE CITY FL 32763

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Devin Newman
(Signature of a member or authorized representative of a member)

Devin Newman
(Printed or typed name of signer)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Devin Newman
(Signature of Registered Agent)

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

FILING FEE: \$25.00

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