## L06000007225

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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Senez Roofing, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joshua R. Gale Name of Person Wiggins, Childs, Quinn & Pantazis Firm/Company 101 N. Woodland Blvd. Ste. 600 Address DeLand, FL 32720. City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua R. Gale Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

■ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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. Name of the limited liability company: Senez Roofing, LLC

1. Na	ame of the limited liability company: Senez Roofing, LLC		
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 1060 East Industrial Drive	
		Orange City, FL 32763	
(h)	Mailing address of limited liability company:	1060 East Industrial Drive	
(Note: MAY BE POST OFFICE BOX)	Suite K		
		Orange City, FL 32763	
1/20/200	06	L06000007225	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a	) Registered Agent and Registered Office shown of	n the records of the Flor	ida Dept. of State:
	Registered Agent:	Steven J. Guardiano	
Registered Office Address:	Registered Office Address:	412 N. Wild Olive Ave.	
	regional of the francist.	Daytona Beach, FL 32118	70
			7s 20 FE 30
			≥8 8 7
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office a	address:
	NEW Registered Agent:	Joshua R. Gale	
	NEW Registered Office Address:	101 N. Woodland Blvd.	
(MUST BE FLORIDA STREET ADDRESS)		Suite 600	<u> </u>
		DeLand	FL #2720
confir and th liabili the m the or	limited liability company is not organized under the med that after the change or changes are made, the ne business office of the registered agent will be ide ty company, it is hereby confirmed that the change embers of the limited liability company or as otherwersting agreement of the limited liability company.	Florida street address of ntical. Or, in the case of s) was/were authorized vise provided in the artic	the registered office f a Florida limited by an affirmative vote of
_	re of a member or authorized representative of a member		
Isaac Se		<u>.</u>	
	or typed name of signee  eby accept the appointment as registered agent and  ly with the provisions of all statutes relative to the p  am familiar with and accept the obligations of my p  by 608, F.S. Or, if this document is being filed to n  confirm that the limited liability compa	agree to act in this cape proper and complete per position as registered ag perely reflect a change it ny has been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
Signati	ife of Registered Agent		

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