108000086342

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Merdenhall Ester	PUSED UE DAY We Covery Blue PAIN ame of Limited Liability Company	v£
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
Rebecca Mendenhall		
Name of Person		
Mendenhall Enterp LLC DBA Tri-Cour	inty Blue Print & :	
Firm/Company		
1850 Boy Scout Drive #110		
Address	ASSECTION OF THE PROPERTY OF T	
Fort Myers, Fl. 33907		
City/State and Zip Code	· 	
plans@tricoprints.com		
E-mail address: (to be used for future an	nnual report notification)	
For further information concerning this matter	er, please call:	
Rebecca Mendenhall	239 939-2699	
Name of Person	Area Code & Daytime Telephone Numbe	r
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 followin	ng amount:	
□ \$25 Filing Fee	☑ \$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.

L Na	ame of the limited liability company: Mendenhall E	nterp LI	_C DBA Tri-County E	Blue Print & Supply Co,	
2. (a)	1850 Boy Scout Dr. #110 FM,FI. 33907	(b)	Same		
(~)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,	Mailing address o	of limited liability company: BE POST OFFICE BOX	
		_			
	August 8, 2018	- l	_008000086342		
3.	Date of filing/registration in Florida	4.	Document nu	ımber	
5. (a)	Legal Zoom				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: UNITED STATES CORPORATION AGENTS, INC Karactia				
	UNITED STATES CORPORATION AGENTS	S, INC	<u>K</u> Winelic	2 JARDUCA	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
	13302 WINDING OAKS BLVD. A-100				
	Tampa	33612			
	,, , , ,			2 8	
(b)	Rebecca Mendenhall			AL AL	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	FILE AUG 13	
	Rebecca Mendenhall				
	NEW Registered Office Address:			SRE ST	
	1850 Boy Scout Drive # 110			47 IDA	
	Fort Myers . FL	33907			
the cha agent was/we the arti Signat	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete proper and com	the regist bility cor f the limit imited lia Reb	ered office and the busing any, it is hereby confined liability company or ability company. Ecca Mendenhall Printed or typed in this capacity. I furthe	ness office of the registered rmed that the change(s) as otherwise provided in diame of signee	
ne obli o mere notified }	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change.	(for in Ci ereby coi	iapter 605, F.S. Or, if th ifirm that the limited lia	his document is being filed bility company has been	
Signatu	re of Registered Agent				

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

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