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12/5/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN DEC 0 6 2017

4170003180963

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.

I. Na	me of the limited liability company: MEYERS	S PRIDE ROOFI	ING LIX.				
2. (n)	6119 Greenville Ave #217	(b)_	(b) 6119 Greenville Ave #217 Making address of limited liability company. (Note: May RE POST OFFICE BOX)				
.,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	n.					
	Dallas, Texas 75206		Dallos, Texas 75206				
	2/17/2009	l.	.09000016081				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	Brien Meyer						
· (a)	Registered Apont and Registered Office shown on the records of the Florida Dept. of Binter						
	7351 Wifes Road, Suite 202		·				
	Registered Office Address (MUST BE FLORID 4 STR.						
	Corel Carings						
	Coral Springs	_, r L,	<u></u> 役員 み				
(p)	Business Filings Incorporated						
	Enter name of NEW Registered Agent and/or NEW Regis	tered Office addre					
	1200 South Pine Island Road		8: 35 3: 3:10 				
	NEW Registered Office Address:						
		22224	16.8				
	Plantation	_, FL33324					
the cha	amited liability company is not organized under the inge or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limit ere authorized by an firmative vote of the membiling of the membiling agreement of	ess of the registe	ered office and the business office of the registered				
Sign	nuclef a member or authorized representative of a member		Printed or typed name of signee				
I here provisi the obl to mere notified	by accept the appainment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pro ely reflect a change in the registered office addre d in writing of this change.	d agree to act it pleic performan wided for in Ch uss, I horeby con	n this capacity. I further agree to comply with the acc of my duties, and I am familiar with and occept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been				
Signatu	will of Registered Agent - Mark Williams, AVP, Bi	usiness Filings I	ncorporated				
	Division of Corporations • 1 FILIT	P.O. Box 6327• NG FEE: \$25.00					

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