

L10000 04A 666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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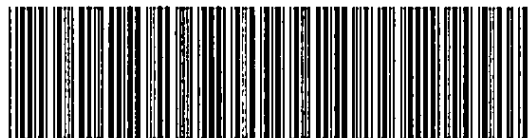
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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JAN 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRI-STATE Contractors 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:

Dave Cognetti 4592
Name of Person

TRI-STATE Contractors LLC
Firm/Company

2561 NE 19th Street
Address

Pompano Beach FL 33062
City/State and Zip Code

cacsunny@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dave Cognetti at (754) 235 2400
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: TRI-STATE Contractors LLC
2. (a) 2561 NE 19th Street (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Pompano Beach FL

33062

3. 4-19-10 Date of filing/registration in Florida 4. 210000044666 Document number
4590

5. (a) Cheryl Ann Cognetti
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2561 NE 19th Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Pompano Beach

FL 33062

(b) Rolando Nigaglioni 1090

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

10100 W Sample Rd Third Floor

NEW Registered Office Address:

Coral Springs

FL 33065

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.

David Cognetti
Signature of a member or authorized representative of a member

David Cognetti
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 605, 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.

[Signature]
Signature of Registered Agent

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