

L1000000 69204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

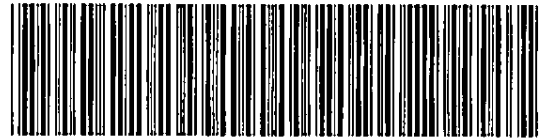
(Business Entity Name)

(Document Number)

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20 JAN -6 PM 1:32  
C. McNair

FEB 04 2020  
C. McNair

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quality Door Service, LLC

\_\_\_\_\_  
Name of Limited Liability Company

20 JAN-6 PM 1:32  
TALLAHASSEE, FL 32303  
DIVISION OF CORPORATIONS  
REGISTRATION SECTION

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:

Andrew Snavley

\_\_\_\_\_  
Name of Person

Quality Door Service, LLC

\_\_\_\_\_  
Firm/Company

755 Plaza

\_\_\_\_\_  
Address

Atlantic Beach, Florida 32233

\_\_\_\_\_  
City/State and Zip Code

andrewsnavley@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Snavley

904

588-4817

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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: Quality Door Service, LLC
2. (a) 721 Foxbriar Cove, Jacksonville, FL 32221  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
721 Foxbriar Cove  
Jacksonville, FL 32221
- (b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
\_\_\_\_\_
3. 6/29/2010  
Date of filing/registration in Florida
4. L10000069204  
Document number
5. (a) Peter Snavley  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
721 Foxbriar Cove, Jacksonville, FL 32244  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)  
721 Foxbriar Cove  
Jacksonville, FL 32221
- (b) Andrew Snavley  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
755 Plaza, Atlantic Beach, FL 32233  
**NEW Registered Office Address**:  
755 Plaza  
Atlantic Beach, FL 32233

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.

Peter Snavley  
Signature of a member or authorized representative of a member

Peter Snavley  
Printed or typed name of signee

*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 of this change.*

AAA  
Signature of Registered Agent