## L11000001533

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



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FEB 1 0 2015 T. CARTER

## **COVER LETTER**

INHS18 (2/14)

| то:   | Registration Section Division of Corporations                                       |  |                                      |  |  |  |  |
|---|---|--|--------------------------------------|--|--|--|--|
| SUBJE   | CCT: Commercial Specialties, LLC  | <b>)</b>                               |                                      |  |  |  |  |
|   | Name of Limited Liability Company   |  |                                      |  |  |  |  |
| Dear S  | Dear Sir or Madam:  |  |                                      |  |  |  |  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |   |  |                                      |  |  |  |  |
| Please  | return all correspondence concerning this   | s matter to the foll                   | lowing:                              |  |  |  |  |
| Chris   | topher Todd   |  |                                      |  |  |  |  |
|   | Name of Person  |  |                                      |  |  |  |  |
| Comr  | mercial Specialties LLC   |  |                                      |  |  |  |  |
|   | Firm/Company  |  |                                      |  |  |  |  |
| 406 N   | Madison Ave., #6  |  |                                      |  |  |  |  |
|   | Address   |  |                                      |  |  |  |  |
| Oran  | ge Park, FL 32065   |  |                                      |  |  |  |  |
|   | City/State and Zip Code   |  |                                      |  |  |  |  |
| christ  | odd@CommercialSpecialties.NET   | -                                      |                                      |  |  |  |  |
| Ē   | -mail address: (to be used for future annu  | ual report notifica                    | tion)                                |  |  |  |  |
| For further information concerning this matter, please call:                                |   |  |                                      |  |  |  |  |
| Kim C   | Disco   | 904<br>at (                            | 644-7214                             |  |  |  |  |
|   | Name of Person  | <i>F</i>                               | Area Code & Daytime Telephone Number |  |  |  |  |
|   | STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section |  |                                      |  |  |  |  |
|   | Division of Corporations  | Division of Corporations P.O. Box 6327 |                                      |  |  |  |  |
|   | Clifton Building 2661 Executive Center Circle                                       |  | Taliahassee, Florida 32314           |  |  |  |  |
|   | Tallahassee, Florida 32301  | Turia                                  | 100000, 1 1011dd 323 1 4             |  |  |  |  |
|   | Enclosed is a check for the following amount:                                       |  |                                      |  |  |  |  |
|   | ☑ \$25 Filing Fee   | □ \$55 t                               | 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. Na   | ame of the limited liability company: Commercial S  | Specialtie  | es, LLC  |  |
|---|---|---|--|--|
| 2. (a)  |   | (b)   |  |  |
|   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ (*)   | N  | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|   | 1730 Kingsley Ave #F  |   | 1730 Kin   | gsley Ave #F   |
|   | Orange Park, FL 32073   |   | Orange F   | Park, FL 32073   |
|   | March 24, 2014  | L   | .1100000   | 1533   |
| 3.  | Date of filing/registration in Florida  | 4.  |  | Document number  |
| 5. (a)  | Christopher Todd  |   |  |  |
| J. (a)  | Registered Agent and Registered Office shown on the records of  | the Florida I   | Dept. of State   | :  |
|   | Commercial Specialties, LLC   |   |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET.  | ADDRESS)  |  |  |
|   | 1730 Kingsley Ave., Suite F   |   |  |  |
|   | Orange Park , FL  | 32073   |  | SECH<br>TALLY<br>15 FE   |
| (b)   | Christopher Todd  |   |  | EB -5  |
| (0)   | Enter name of NEW Registered Agent and/or NEW Registered  | Office addi   | ess:   | PM   |
|   | Commercial Specialties, LLC   |   |  | D<br>F STA<br>4 3: 5   |
|   | NEW Registered Office Address:  |   |  | TE IDA   |
|   | 406 Madison Ave #6  |   |  |  |
|   | Orange Park , FL  | 32065   |  |  |
| the cha<br>agent was/w<br>the art<br>Signa<br>I here<br>provis<br>the ob-<br>to mer | limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members digles of organization or the operating agreement of the attention of a member or authorized representative of a member are accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I ad in writing of this change. | f the regist ability cor of the limit limited | ered office npany, it is ted liability ability comperly Ciscon this cape of my | e and the business office of the registered<br>is hereby confirmed that the change(s)<br>y company or as otherwise provided in<br>apany.  CO  Printed or typed name of signee  active. I further agree to comply with the<br>duties, and I am familiar with and accept |