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| | (Requestor's Name) | | | |
|---|--------------------------|--|--|--|
| (Address) | | | | |
| | (Address) | | | |
| | (City/State/Zip/Phone #) | | | |
| PICK-UI | P 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 | ₩ | |
| SUBJ | Neumann Construction & R | oofing, LLC | |
| | Name of Limited Liability Company | | |
| Dear S | Sir or Madam: | | |
| The er | nclosed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning th | is matter to the following: | |
| Gavi | n D. Magaziner, Esquire | | |
| | Name of Person | | |
| Schu | ett Law Group | | |
| | Firm/Company | | |
| 8200 | -113th Street North | | |
| | Address | | |
| Semi | inole, Florida 33772 | | |
| | City/State and Zip Code | | |
| Info@ | Dschuett-law.com | | |
| | E-mail address: (to be used for future and | nual report notification) | |
| For fu | rther information concerning this matter. | , please call: | |
| Gavii | n D. Magaziner, Esquire | 727 712-3663 | |
| | Name of Person | Area Code & Daytime Telephone Number | |
| | 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 following | g 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. Na | ame of the limited liability company: Neumann (| Construction | & Roofing, LLC | | | |
|--|---|--|---|--|--|--|
| 2. (a) | 30427 Commerce Drive | (b) F | (b) Post Office Box 1207 | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | San Antonio, Florida 33576 | <u>S</u> | an Antonio, Florida 33576 | | | |
| | 04/06/2011 | L1 | 1000041664 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (a) | Sheada Madani, Esquire | | | | | |
| (-) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| | Johnson Auvil Brock & Wilson PA | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREE | | | | | |
| | Dade City | 33525 | | | | |
| (b) | Gavin D. Magaziner, Esquire Enter name of NEW Registered Agent and/or NEW Registered Schuett Law Group NEW Registered Office Address: | red Office addres | FILED JUL 10 PH 5: 29 | | | |
| | 8200-113th Street North, Suite 101 | <u>. </u> | | | | |
| | Seminole | FL_33772 | | | | |
| the cha agent v was/we the arti | imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of | s of the register d liability comp rs of the limited the limited liab | ed office and the business office of the registered pany, it is hereby confirmed that the change(s) deliability company or as otherwise provided in | | | |
| Signat | ture of a member or authorized representative of a member | 385011 | Printed or typed name of signee | | | |
| I herei provisi the obl to mere | by accept the appointment as registered agent and consolid statutes relative to the proper and completing tions of my position as registered agent as proved reflect a change in the registered office address. I in writing of this change. | agree to act in ele performanc ided for in Cha , I hereby confi | this connectes. I footbox array to somely with the | | | |
| Signatur | re of Registered Agent | | | | | |
| | Division of Corporations • P.C FILING | D. Box 6327 • 1 G FEE: \$25.00 | Tallahassee, FL 32314 | | | |