L1/00062260

| (Re | questor's Name) | | | |
|-------------------------|-------------------|-----------|--|--|
| | | | | |
| (Ad | dress) | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (Cit | y/State/Zip/Phone | #) | | |
| | | | | |
| | | | | |
| (Bu | siness Entity Nam | <u>e)</u> | | |
| (80 | Sine 35 Entry Ham | | | |
| (Do | cument Number) | | | |
| (| , | | | |
| Certified Copies | _ Certificates | of Status | | |
| | | | | |
| Special Instructions to | Filing Officer: | | | |
| opecial matuellons to | r ling Officer. | | | |
| | |] | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | <u> </u> | | | |
| | Office Use Onl | у | | |



06/11/18+-01018--005 ++25.00

2018 JUN 11 AM 8: 11

B FIGUEROA

JUN 1 4 2018

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Best Roofing Services, LLC

Name of Limited Liability Company

Dear Sir or Madam:

1

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dale E. Eby

Name of Person

Best Roofing Services, LLC

Firm/Company

1600 NE 12th Terrace

Address

Fort Lauderdale, FL 33305

City/State and Zip Code

deby@bestroofing.net

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

For further information concerning this matter, please call:

| Dale E. Eby | 954 931-3822 |
|---------------------------------------|--------------------------------------|
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |
| 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. Na | me of the limited liability company: Best Roofing S | Services | s, LLC | | | | |
|--|--|---|--|---|----------------------------------|------------------------------|----------------|
| 2. (a) | Best Roofing Services, LLC | (b) | Same | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ 、 , | | Mulling address of limit (Note: MAY BE PO. | | | • |
| | 1600 NE 12th Terrace | | _ | | | | |
| | Fort Lauderdale, FL 33305 | | | | | | <u>.</u> |
| | 04/25/2018 | Ĺ | .110000 | 62260 | | | |
| 3. | Date of filing/registration in Florida | 4 | | Document number | | | |
| 5. (a) | Wright, Fulford, Moorhead & Brown PA | | | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of th | e Florida I | Sept. of Stat | - le: | | | |
| | c/o D. Frank Wright | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A. | DDRESS) | | - | | | |
| | 505 Maitland Avenue, Suite 1000 | | | | :- | 26 | |
| | Altamonte Springs, FL , FL | 32701 | | _ | | 2818 JUN 11 | |
| (b) | Trent Cotney | | | | | - | - - |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered (|)ffice addr | <u>'ess</u> : | _ | ۳۰ <u>د</u> | A. | |
| | Cotney Construction Law, LLP | | | | | AM 8: 1 | Ţ |
| | NEW Registered Office Address: | | | | 5 | | |
| | 8621 E MLK | | | _ | | | |
| | Tampa, FL | 33610 | | _ | | | |
| the cha agent v was/we the arti | inited liability company is not organized under the law, nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limit vice rest but the present of the limit of the limit of a member of authorized representative of a member | he regist pility con the limit imited life | ered offic ypany, it i ed liabilit | e and the business o s hereby confirmed y company or as oth | office of that the herwise | the reg change provide | istered (s) |
| ~ | | a (o aat : | n this area | | Ū | | th tha |
| r neret wovisi | by accept the appointment as begistered agent and agre ans of all statutes relative to the proper and complete p | e to act i erforma | n mix cap ice of my | duties, and Lam Jan | nillar w | ith 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 of Registered Agent-

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

. '