LD000116402

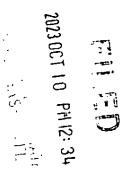
(Requestor's Name)							
(Address)							
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(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer							

Office Use Only



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08/18/23--01011--011 **35.00







FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2023

ARAC ROOF IT FORWARD LLC 296 BELL PARK DR WOODSTOCK, GA 30188

SUBJECT: ARAC ROOF IT FORWARD LLC

Ref. Number: L12000110402

We have received your document for ARAC ROOF IT FORWARD LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please can (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 923A00021399

OCT 1 10 2023

www.sunbiz.org

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	ARAC Roof It Forward , LLC					
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning this matter	to the following:				
Shan Hatfie	eld					
	Name of Person	2023 (
ARAC Roo	f It Forward, LLC	2023 OCT TO PRICE STATE				
	Firm/Company					
9728 Highla	and Park Place					
	Address					
Palmetto, F	L 34221					
	City/State and Zip Code					
kristiekuyke	endall@roofitforward.com					
E-ma	il address: (to be used for future annual repo	rt notification)				
For further	information concerning this matter, please c	all:				
Shan Hatife	eld 6	78 614-9215				
	Name of Person	Area Code & Daytime Telephone Number				
Re Di P.(ailing Address: registration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
En	closed is a check for the following amount	*• •				
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

I. Na	ame of the limited liability company: ARAC Roof It	Forward, LL	.C	
2. (a)		(b		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	296 Bell Park Drive		296 Bell	Park Drive
	Woodstock, GA 30188		Woodstoo	ck , GA 30188
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	William E Stevens			
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Sta	te: ~
(b)	William E Stevens			023
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	10303 Burnt Store Road , 16			E E
	Punta Gorda	FL_33950		PH
	Shan Hatfield	PM 12: 34		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- -
	Shan Hatifield			
	NEW Registered Office Address:			_
	9728 Highland Park Place			_
	Palmetto,	FL_34221		_
change agent v was/we the arti	imited liability company is not organized under the cor changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the locate, 2023 109:33 COT)	the registered liability con is of the limi the limited li	d office ar mpany, it i ted liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany.
Signa	ture of a member or authorized representative of a member	·	-	Printed or typed name of signee
provisi the obl to merc notified	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	igree to act i ite performa ded for in C I hereby co.	in this cap nce of my hapter 60. nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	re of Registered Agent			