

L13000017362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

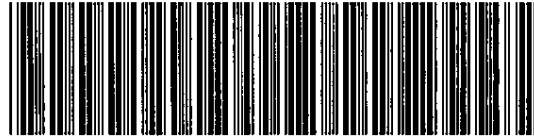
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JAN 02 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2013

STEVEN H. CONERLY  
1148 COURTNEY TRACE DR. #104  
BRANDON, FL 33511

SUBJECT: STORM DAMAGE CONSTRUCTIONS SERVICES, LLC  
Ref. Number: L13000017362

We have received your document for STORM DAMAGE CONSTRUCTIONS SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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 call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 913A00028408

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Storm Damage Construction Services, LLC  
Name of Limited Liability Company

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:

**Steven H. Conerly**

Name of Person

**Storm Damage Construction Services, LLC**

Firm/Company

**1148 Courtney Trace Dr. #104**

Address

**Brandon, FL 33511**

City/State and Zip Code

**steve@stormdamageconstructionservices.com**

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

For further information concerning this matter, please call:

**Steven H. Conerly**

Name of Person

at ( **813** ) **727-5714**

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 amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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2013 DEC 26 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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: Storm Damage Construction Services, LLC

2. (a) Principal office address of limited liability company: 1148 Courtney Trace Dr. #104  
 (Note: **MUST BE STREET ADDRESS**) Brandon, FL 33511

(b) Mailing address of limited liability company: 1148 Courtney Trace Dr. #104  
 (Note: **MAY BE POST OFFICE BOX**) Brandon, FL 33511

February 3, 2013

L13000017362

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

~~Michael Tringali~~ Steven Conerly

Registered Office Address:

~~PO Box 11107 Sarasota, FL 34236~~ 1220 Mayfair Dr  
Rahway, FL 07065

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Steven H. Conerly

**NEW Registered Office Address:**  
 (MUST BE FLORIDA STREET ADDRESS)

1148 Courtney Trace Dr. #104

Brandon

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 2013 DEC 26 PM 5:50  
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 TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Steven H. Conerly

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 608, 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**