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(Re	equestor's Name)	_	
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(Ci	ty/State/Zip/Phone	· #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(LX	ocument Number)		
Certified Copies	_ Certificates	of Status	
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K.SALY EXAMINER



2016 MAR 21 PM 4: 46 FLORIDA DEPARTMENT OF STATE

Division of Corporations

March 8, 2016

TAX NERD EDWARD J JORDAN P.O. BOX 4701 FORT LAUDERDALE, FL 33338-4701

SUBJECT: TRIPLE FIN REMODELING, L.L.C.

Ref. Number: L14000014972

We have received your document for TRIPLE FIN REMODELING, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

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.

Karen A Salv Regulatory Specialist II

Letter Number: 816A00004795



March 23, 2016

TAX NERD EDWARD J JORDAN P.O. BOX 4701 FORT LAUDERDALE, FL 33338-4701

SUBJECT: TRIPLE FIN REMODELING, L.L.C.

Ref. Number: L14000014972

We have received your document for TRIPLE FIN REMODELING, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must have a Florida street address. A post office box is not acceptable.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00005932

2016 APR -5 AMII: 58

COVER LETTER

Division of Corporations			
SUBJECT: TRIPLE FIN ?	EMODELING LLC		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ige and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
Edward J Jordan			
Name of Person			
TAX NeRd Firm/Company			
Firm/Company			
0			
815 NE 19th Ter Address			
Address			
City/State and Zip Code			
City/State and Zip Code			
10 youth 16 Pay Pa 6m	111 C 2 M		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please of	eall:		
Edward J Jordan at (954) 817-7888			
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 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount	t:		
□ \$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.

1. Name of the limited liability company: TRIPLE FIN REMODITING (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1911 NE 28th Course 1911 NE 28th Course: 1911 NE 28th Course 1911 NE 28th Course: 1-28-2014 LIGHTHOUSE FOINT FL 33064 LIGHTHOUSE FOINT 3. Date of filing/registration in Florida 4. Document number 5. (a) UNITED STATES CORPORATION AGENTS IN CRESISTERED AGENT AND AGENTS IN CRESISTERED Office Address (MUST BE FLORIDA STREET ADDRESS) 1330 D WINDING OAK COURT A TAMPA FL 336/1 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address 4. December 1912 1. December 1912 1. December 1912 1. December 1913 2. December 1913 3. Date of filing/registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1330 D WINDING OAK COURT A TAMPA FL 336/1 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address 4. December 2912 1. December 2912 1. December 2912 2. December 3912 3. Date of filing liability company of a so otherwise provise provise authorized by an affirmative vote of the members of the limited liability company or as otherwise provise authorized by an affirmative vote of the members of the limited liability company or as otherwise provise authorized by an affirmative vote of the members of the limited liability company or as otherwise provise authorized by an affirmative vote of the members of the limited liability company or as otherwise provised and the change of signee 1912 3. December 3912 3	
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LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT	BOX)
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT	UR7 #12
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Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 13303 WINDING OAK COURT A TAMPA	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: TAX NeRd NEW Registered Office Address: 815 NE 19th TeR Ft Lauderdale , FL 33304 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the ragent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the charwas/were authorized by an affirmative vote of the members of the limited liability company or as otherwise prove the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee	
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	registered inge(s)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is be to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change. Signature of Registered agent	y with the ind accept eing filed as been