L14 0000 90981

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

Office Use Only



200293568942

200293568942 12/27/16--01025--003 **25.00



COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---|---|---|--|--|--|--|
| SUBJI | Christensen Professional Flooring, LLC | | | | | |
| | Name of Limited Liability Company | | | | | |
| Dear S | ir or Madam: | | | | | |
| The en | closed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. | | | | |
| Please | return all correspondence concerning this n | natter to the following: | | | | |
| Wend | dell Christensen IV | | | | | |
| | Name of Person | | | | | |
| Chris | tensen Professional Flooring, LLC | | | | | |
| | Firm/Company | | | | | |
| 2469 | Courtland Bivd | | | | | |
| | Address | | | | | |
| Delto | na, FL 32738 | | | | | |
| | City/State and Zip Code | | | | | |
| wend | ellchristensen@mail.com | | | | | |
| E | -mail address: (to be used for future annual | report notification) | | | | |
| For fur | ther information concerning this matter, ple | ase call: | | | | |
| Wend | dell Christensen IV | 386 218-9017 | | | | |
| | 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 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.

| 1. Name of the limited liability company: Christensen Professional Flooring, LLC | | | | | | | |
|--|---|--|---|--|--|--|--|
| . (a) | • • • | | | 2469 C | 469 Courtland Blvd | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | Deltona, FL 32738 | | - | Deltona | , FL 32738 | | |
| | 06/06/2014 | _ | L | .140000 | 90981 | | |
| | Date of filing/registration in Florida | 4. | _ | | Document number | | |
| (a) | Wendell Christensen iV | | | | | | |
| | Registered Agent and Registered Office shown on the records of | the Flori | da I | Dept. of Stat | e: - | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | <u> SDDRES</u> | <u>223</u> | | 16 E SECH TALLA | | |
| | Deltona ,FL | 3273 | 8 | | DEC 27 AHASSE | | |
| (b) | Adam L Christensen | | | | RY OF | | |
| , | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office a | ddr | ess: | M7:45 OF STATE | | |
| | NEW Registered Office Address: | | | | - | | |
| | | | | | - | | |
| | , FL | <u></u> | | · · · · · · · · · · · · · · · · · · · | • | | |
| e cha gent v as/wo | imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the reg ability of the lin | giste con mit | ered office npany, it is ed liabilit | e and the business office of the registers is hereby confirmed that the change(s) y company or as otherwise provided in | | |
| W | | | | • | stensen IV | | |
| Signat | ture of a member or authorized representative of a member | | | | Printed or typed name of signee | | |
| herel ovisi e obli mere otified | by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I did not in writing of this change. | ee to a perform d for in hereby | ct it nar Cr cor | n this cap ace of my apter 605 afirm that | acity. I further agree to comply with the duties, and I am familiar with and acce i, F.S. Or, if this document is being file the limited liability company has been | | |

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

Signature of Registered Agent