

L15000002626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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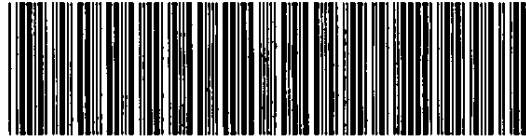
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2016

~~WARRER~~
S. MASON

**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: Curly Curly Trusses, LLC

2. (a) 3905 Tampa Road Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Unit 1064
Oldsmar, FL 34677

(b) 3905 Tampa Road Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Unit 1064
Oldsmar, FL 34677

3. 1-6-15 Date of filing/registration in Florida

4. L15000002626 Document number

5. (a) Spiegel & Utrera, PA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1840 SW 22nd St
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4th Floor
Miami, FL 33145

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

3905 Tampa Road
NEW Registered Office Address:
Unit 1064
Oldsmar, FL 34677

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]
Signature of a member or authorized representative of a member

Angela D. Fields
Printed or typed name of signer

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 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]
Signature of Registered Agent

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

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CLERK OF STATE
TREASURY OF FLORIDA