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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: July 30, 2020

Order#: 359315/118

Re: STRONG-COAT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

l. Na	me of the limited liability company: STRONG-COAT	, LLC	
2. (a)	12810 Tamiami Trail North	 (1	12810 Tamiami Trail North
(u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 200		Suite 200
	Naples, FL 34110	_	Naples, FL 34110
	01/26/2015		L15000014607
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records of t 1200 SOUTH PINE ISLAND ROAD	he Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>
	PLANTATION	33324	
	FLANTATION FL		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office ad	ldress:
	NEW Registered Office Address:		
	1201 Hays Street	_	
	Tallahassee, FL	32301	
:hange igent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility co f the lin	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	Xiel & Gonie	Jill	Cilmi, Authorized Person
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
provisie he obli o mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	ee to act perform I for in C ereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
•	e or Registered Ageni	Grace I	E. Kirby, Asst. Vice President
Come	oration Service Company		

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

INHS18 (2/14)