Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000282158 3)))



Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FIRST COAST CORPORATE SERVICES

Account Number : I20240000035 : (904)490-0391 Fax Number : (706)310-8269

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	

## LLC REGISTERED AGENT CHANGE **NEW DOOR INSTALLATION LLC**

Certificate of Status	()
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

AUG 2 3 2024

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## COVER LETTER

	ition Section n of Corporations		
SUBJECT:	New Door Installation	LLC	
301301X,11		Name of Limi	ited Liability Company
Dear Sit of Mad	lam;		
The enclosed Re	egistered Agent/Registered	Office Change	e and fee(s) are submitted for filing.
Please return all	correspondence concerning	g this matter to	o the following:
	Name of Person		
Universal Registe	ered Agents, Inc.		
	Firm/Company		
12900 METCAL	F, SUITE 140		
	Address		
OVERLAND PA	RK, KS 66221		
	City/State and Zip Coo	le	
INFO@URAGEN	NTS.COM		
E-mail add	lress; (to be used for future	annual report	notification)
For further infor	mation concerning this mat	iter, please cai	ii:
KATIIY BUTLE	R	at (	855-236-9172
	Name of Person		Area Code & Daytime Telephone Number
Registr Divisio P.O. Bo	g Address: ation Section in of Corporations ox 6327 issee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a check for the follow	ing amount:	
□ \$25 !	filing Fee		☐ S55 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. 8	Same of the limited liability company: New Door Instr	allation LL	Ç	
2. (a)				
,	Principal office address of limited hability company (Note - MUST BE STREET ADDRESS)		. ,	Marling address of limited liability company (Note, MAY BE POST OFFICE BOX)
	2705 N. Commerce Parkway		2705 :	N. Commerce Parkway
	MIRAMAR, FL 33025		MIRA	MAR, FL 33025
	05/07/2015		L15000	0023064
3.	Date of filing/registration in Florida	4.		Document number
5. (a	incorp services, inc.			
J. (	Registered Agent and Registered Office shown on the records  3458 LAKESHORE DRIVE	of the Flori	da Dept-of	f State
	Registered Office Address <u>(MUST BE FLORIDA STREE</u>	T ADDRE.	5.89	2024 TÄL
	TALLAHASSEE	FL 32312		711 2024 AUG 22 78127411/255
(b)	Universal Registered Agents, Inc.  Enter name of <u>NEW Registered Agent</u> and or <u>NEW Register</u> 1317 California Street <u>NEW Registered Office Address</u>	red Office a	ddress	PILED  ALLYANYSSECTFLORION
	Tallahassee	FL. 32304		
chang agent was/v the ar	limited liability company is not organized under the see or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the Tillay, Secretary	he registe liability of s of the li he limited	red office ompany, mited lial	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Sign	ature of a member or authorized representative of a member	_		Printed or typed name of signee
provis the ob to me.	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple obligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	igree to ac te perforn ded for in I hereby c	it in this j nance of Chapter confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, it this document is being filed hat the limited liability company has been
	Kathy Bidler			

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