L15000023809

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Bu	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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08/09/16--01039--009 **25.00



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2016

ZANE SMITH 1966 DERBY TRAIL WELLINGTON, FL 33414

SUBJECT: A TO Z CONSTRUCTION & REMODELING, LLC

Ref. Number: L15000023809

We have received your document for A TO Z CONSTRUCTION & REMODELING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Authorized representative must print or type name.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 016A00017030

FILED

16 AUG 29 PH 5: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1016 AUG 29 PH 1:21

COVER LETTER

	istration Section sion of Corporations	ر .				
SUBJECT:	A to Z Construction and Rem	odeling				
5055261.	Name	of Limited	l Liab	ility Company		
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Offic	e Change	and fe	e(s) are submitted for filing.		FILED
Please return	n all correspondence concerning this	matter to	the fo	llowing:		
Zane Smi	th					
	Name of Person		· - · · · ·	-	TA SE	
A to Z Co	nstruction and Remodeling				CONE I	η
	Firm/Company			-	AUG 29 PH 5: 05 NETART OF STATE ALLIASSEE, FLORIDA	= n
1966 Dert	oy Trail				PH C	ラ
	Address			-	A FE	
Wellingtor	n, FL 33414					
	City/State and Zip Code			-		
remodel.e	aze@gmail.com					
E-mai	l address: (to be used for future annu	al report n	otific	ation)		
For further	information concerning this matter, p	lease call:				
Zane Smi	th	561		329-3979		
	Name of Person	_ ~~ (Area Code & Daytime Telep	hone Number	
Reg Div Clif 266	REET/COURIER ADDRESS: gistration Section ision of Corporations fron Building 1 Executive Center Circle lahassee, Florida 32301		Region Division P.O.	stration Section sion of Corporations Box 6327 shassee, Florida 32314		
Enc	closed is a check for the following a	imount:				
2 2 9	325 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.

) _	1966 Derby Trail Wellington, FL 33414	a	b)	1966 Derby Trail Wellington, FL 33414
, <u> </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)
	02/09/2015	_		_15000623809
	Date of filing/registration in Florida	- 4.	_	Document number
	Andrea Duprey			
ı)	Registered Agent and Registered Office shown on the records of	the Florid	la D	Dept. of State:
	1966 Derby Trail			
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRES	<u>s)</u>	
				FILE Allassi
	Wellington	33414		ARY OF ASSEE, I
	, FL	·	_	دري أسلم
)]	Zane Smith			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldr</u>	ress:
	1966 Derby Trail			
	NEW Registered Office Address:			
	Wellington , FL	33414	•	
16.	mited liability company is not organized under the law	ve of the	- C	State of Florida, it is hereby confirmed that after
ıaı	nge or changes are made, the Florida street address of	the reg	iste	tered office and the business office of the regist
ve	rill be identical. Or, in the case of a Florida limited liver a support of the members of the me	of the lin	nit	ted liability company or as otherwise provided
ti	es of organization or the operating agreement of the	limited_		
4	tire of a member or authorized representative of a member		<u>_</u>	Printed or typed name of signee
eb sie	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I	nertorn	aar	in this capacity. I further agree to comply with