

L15 000 142487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

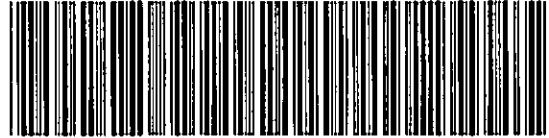
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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RA & RO Change

12/14/21--01016--009 \*\*25.00

2022 JAN 14 PM 12 11  
STATE OF FLORIDA  
CLERK OF THE COURT

FILED

A. RAMSEY

JAN 18 2022

X00789. 00524, 00621

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Comins Construction, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher M. Comins

\_\_\_\_\_  
Name of Person

Comins Construction, LLC

\_\_\_\_\_  
Firm/Company

6413 Pinecastle Boulevard, Unit 3

\_\_\_\_\_  
Address

Orlando, Florida 32809

\_\_\_\_\_  
City/State and Zip Code

ccomins@cominsdevelopment.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher M. Comins

407  
\_\_\_\_\_  
at ( )

948-6521

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 JAN 14 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FL

January 4, 2022

CHRISTOPHER M. COMINS  
COMINS CONSTRUCTION, LLC  
6413 PINECASTLE BOULEVARD, UNIT 3  
ORLANDO, FL 32809 US

SUBJECT: COMINS CONSTRUCTION, LLC  
Ref. Number: L15000142487

We have received your document for COMINS CONSTRUCTION, 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):

Please sign the registered agent change form as the <sup>new</sup> registered agent and the manager in the space provided at the bottom of the page.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 122A00000186

**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: Comins Construction, LLC
2. (a) 6413 Pinecastle Boulevard, Unit 3  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**  
Orlando, FL 32809
- (b) 6413 Pinecastle Boulevard, Unit 3  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**  
Orlando, FL 32809
3. 12/22/2016 Date of filing/registration in Florida
4. L15000142487 Document number
5. (a) LOWMAN, WILLIAM R., JR., ESQ.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
SHUFFIELD, LOWMAN & WILSON, P.A.  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801
- (b) Christopher M. Comins  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**  
Christopher M. Comins  
**NEW Registered Office Address:**  
6413 Pinecastle Boulevard, Unit 3 6517 Cay Circle  
Orlando, FL 32809

FILED  
2022 JAN 14 PM 12 11  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF SEMINOLE  
FLORIDA

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.

X Christopher M. Comins  
Signature of a member or authorized representative of a member

Christopher M. Comins  
Printed or typed name of signee

*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.*

X Christopher M. Comins  
Signature of Registered Agent