

215000168849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

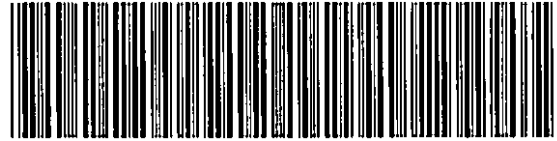
(Business Entity Name)

(Document Number)

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D BRUCE  
SEP 07 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AGF Drywall 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:

Aida R Falla

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

AGF Drywall LLC

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

12345 Yellow Rose Cir

\_\_\_\_\_  
Address

Riverview, FL 33569

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

Agfdrywall@gmail.com

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

For further information concerning this matter, please call:

Aida Falla

813 703-5662  
at ( )

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

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**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: AGF Drywall LLC

2. (a) 12345 Yellow Rose Cir, Riverview FL 33569

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(b) 12345 Yellow Rose Cir, Riverview FL 33566

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

10/05/2015

L15000168849

3. Date of filing/registration in Florida

4. Document number

5 (b) Gentil Falla, 12345 Yellow Rose Cir, Riverview, FL 33569

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12345 Yellow Rose Cir, Riverview, FL 33569

\_\_\_\_\_, FL

(b)

**Enter name of NEW Registered Agent and/or NEW Registered Office address:**

Aida R Falla

**NEW** Registered Office Address:

12345 Yellow Rose Cir

Riverview, FL 33569

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 of a member or authorized representative of a member

Gentil Falla

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.*

Signature of Registered Agent

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

**FILING FEE: \$25.00**

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