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| Certified Copies          | Certificates                            | s of Status |
| Special Instructions to F | Filing Officer:                         |             |
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I ALBRITTON

## **COVER LETTER**

| TO: Registration Section Division of Corporations          |   |
|--|---|
| SUBJECT: Joseph Friedrich<br>Name                          | of Limited Liability Company                  |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Offic             | e Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this           | matter to the following:                      |
| Joseph Friedrich Name of Person                            |   |
| Joseph Friedrich Carpente<br>Firm/Company                  | er/Contractor LLC                             |
| 49 Calle De Paz<br>Address                                 |   |
| S+ Augustine Fl<br>City/State and Zip Code                 | 32095   |
| E-mail address: (to be used for future annu                | hco. Com<br>al report notification)           |
| For further information concerning this matter, p          | please call:                                  |
|  | at (732) 8141-3328                            |
| Name of Person   | Area Code & Daytime Telephone Number          |
| STREET/COURIER ADDRESS:                                    | MAILING ADDRESS:                              |
| Registration Section Division of Corporations              | Registration Section Division of Corporations |
| Clifton Building   | P.O. Box 6327                                 |
| 2661 Executive Center Circle<br>Tallahassee, Florida 32301 | Tallahassee, Florida 32314                    |
| Enclosed is a check for the following a                    | amount:                                       |
| \$25 Filing Fee  | □ \$55 Filing Fee & Certified Copy            |

INHS18 (2/14)

Letter Number: 618A00024886

December 4, 2018

JOSEPH FRIEDRICH 49 CALLE DE PAZ ST. AUGUSTINE, FL 32095

SUBJECT: JOSEPH FRIEDRICH CARPENTER/CONTRACTOR, LLC

Ref. Number: L15000184612

We have received your document for JOSEPH FRIEDRICH CARPENTER/CONTRACTOR, 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):

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton Regulatory Specialist II

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www.sunbiz.org

## 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.

| . 101144   |   |  |   |
|--|---|--|---|
| 1. Name of the lin   | mited liability company: Joseph   | Friedrich Carpa  | inter/Contractor LLC  |
| 20049  | Calle De Paz  | (b) 49 Calle   | De Paz  |
| Princip  | pal office address of limited liability company:  |  | ss of limited liability company:  |
| •  | (Note: MUST BE STREET ADDRESS)  |  | Y BE POST OFFICE BOX)   |
| <u>5+ /</u>  | Augustine F1 3209   | 5 St Augusti   | ne F1. 32095  |
| ,  |   | · · · · · · · · · · · · · · · · · ·  |   |
|  |   | <del></del>  |   |
| 4  | 123 / 2017<br>te of filing/registration in Florida  | L 15066  | 184612  |
| 3. Dat   | te of filing/registration in Florida  | 4. Document  | number  |
| 5. (a) United  | of States Corporation gent and Registered Office shown on the records of  | n Agents Inc.  |   |
|  |   |  |   |
| 1330   | 2 Windling Oak C  | ourt Suite /   | 4   |
| Registered Of  | ffice Address (MUST BE FLORIDA STREET.  | ADDRESS)   |   |
| Town   | no 171, 33612   |  | 7   |
| 7  |   | 22(1)  | 型 一   |
| Jam  | rpgFL   | 33612  |   |
| <b>ب</b>   | 11 5 h:   |  | 22  |
| (b) <u>八</u>   | 114 5. King   |  | 3 6   |
| Enter name of  | NEW Registered Agent and/or NEW Registered  | Office address:  | 3   |
| 112  | Monroe Avc  |  | TOTAL CONTRACT OF THE PARTY OF |
| NEW Registe  | cred Office Address:  |  |   |
|  |   |  | -   |
|  |   |  |   |
| St   | Augustine .FL   | 32086  |   |
|  | JUGUSTINE .FL   | 12000  |   |
| If the limited liabili   | ity company is not organized under the law  | ws of the State of Florida, it is l  | nereby confirmed that after   |
| the change or chang  | ges are made, the Florida street address of   | the registered office and the be   | usiness office of the registered  |
| was/were authorize   | ical. Or, in the case of a Florida limited li<br>ed by an affirmative vote of the members of  | of the limited liability company   | or as otherwise provided in   |
| the articles of organ  | nization or the operating agreement of the  |  |   |
| Impo   | tuch ?  | Joseph   | Friedrich yped name of signee   |
| ,  | er or authorized representative of a member   |  | •   |
| I hereby accept the provisions of all state the obligations of n to merely reflect a contified in writing of | e appointment as registered agent and agi<br>atutes relative to the proper and complete<br>my position as registered agent as provide<br>change in the registered office address, I<br>of this change | ree to act in this capacity. I fur<br>performance of my duties, and<br>d for in Chapter 605, F.S. Or,<br>hereby confirm that the limited | ther agree to comply with the<br>I am familiar with and accept<br>if this document is being filed<br>liability company has been   |
|  |   |  |   |

Signature of Registered Agent