L1600000 2818

(Red	questor's Name)			
(Add	dress)			
(Ado	dress)			
(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



700354102507

RECEIVED OCT 2 6 2020

10/27/20--01009--007 **35.00

R. (VH'TE BEC 0 4 2020

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Loveland Electric II, LLC Name of Corporation	_ 	
tvanic of corporation		
DOCUMENT NUMBER: L16000002818		
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Robert Loveland		
Name of Contact Person		
Loveland Electric II, LLC		
Firm/Company		
1344 South Killian Drive		
Address		
Lake Park, FL 33403		
City/State and Zip Code		
joe@lovelandelec.com		
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter,	please call:	
Robert Loveland	at (561) 882-0401 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address:	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
. 6316011600004 2 10 0 20 2 4 1	Tallahassee, FL 32303	

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	, unge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida attion organized under the laws of the State of	FL		
		e or registered agent, or both, in the State of l	^L lorida.		
1. The name of	the corporation: Loveland Elect	tric II, LLC			
2. The principal office address: 1344 South Killian Drive, Lake Park, FL 33403					
3. The mailing a	address (if different):		<u>-</u>		
	4. Date of incorporation/qualification: 01/05/2016 Document number: L16000002818				
	d street address of the current re rtment of State: (If resigned, en	egistered agent and registered office on file water resigned)	ith the		
	John M Howe, P.A.		_		
	500 S Australian Ave., Suite 51	15	- , ,		
	West Palm Beach, FL 33401		: _ ب		
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered of	fice		
	Robert Loveland		_		
	1344 South Killian Drive				
	P.O. Box NOT acceptable				
	Lake Park, FL 33403		_		
The street address changed will	ess of its registered office and be identical.	the street address of the business office of it	ts registered agent,		
Such change was authorized by 1	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of directors or by an as been notified in writing of the change.	officer so		
1		David Loveland, Vice President			
	re of an officer or difector	Printed or typed name and to	tle		
I further agrée of my duties, an document is bei	the appointment as registered to comply with the provisions ad I am familiar with and acce ing filed merely to reflect a chi s been notified in writing of th	l agent and agree to act in this capacity. of all statutes relative to the proper and con pt the obligation of my position as registere ange in the registered office address, I herel is change.	nplete performance d agent. Or, if this by confirm that the		
for the	4 LCC	10/19/2020			
No.	nature of Registered Agent	Date			
If signing on be	half of an entity:				
_ Roger	yped or Printed Name				

* * * FILING FEE: \$35.00 * * *