

116000026173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

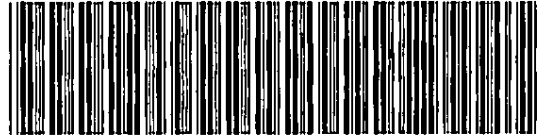
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file

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bath Reglazing Pro
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:

Jose D. Rivera
Name of Person

Bath Reglazing Pro
Firm/Company

1427 Grassland Ave.
Address

St. Cloud FL 34771
City/State and Zip Code

bathreglazingpro@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose D. Rivera at (407) 485-8546
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

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: Bath Reglazing Pro

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

650 N. Alafaya Trail P.O. Box 780713
Suite 100 #780713 Orlando FL 32878

3. 02/01/2016 4. L16000026173
Date of filing/registration in Florida Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Wylie & Associates LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7380 W. Sand Lake Road suite
Orlando, FL 32819

(b) Jose D. Rivera
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1427 Grassland Ave.
NEW Registered Office Address:
St. Cloud FL 34771
St. Cloud, FL 34771

Jose D. Rivera
1427 Grassland Ave.
St. Cloud FL 34771

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]
Signature of a member or authorized representative of a member

Jose D. Rivera
Printed or typed name of signer

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]
Signature of Registered Agent