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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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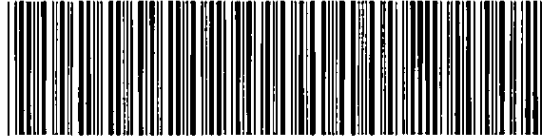
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHRIS DRYWALL & METAL FRAMES, 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:

GABRIEL RODRIGUEZ PONCE DE LEON

Name of Person

CHRIS DRYWALL & METAL FRAMES, LLC

Firm/Company

400 SE FALLON DR

Address

PORT SAINT LUCIE FL 34983

City/State and Zip Code

bynrodriguez@yahoo.com

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

For further information concerning this matter, please call:

GABRIEL RODRIGUEZ PONCE DE LEON at (772) 834-9640
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

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2023 FEB 23 PM 12:29
TALLAHASSEE, FL

**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: CHRIS DRYWALL & METAL FRAMES, LLC
2. (a) 400 SE FALLON DR
Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
PORT SAINT LUCIE FL 34983
- (b) 400 SE FALLON DR
Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
PORT SAINT LUCIE FL 34983
3. 02/29/2016
Date of filing/registration in Florida
4. L16000041516
Document number
5. (a) CHRISTOPHER RODRIGUEZ
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
400 SE FALLON DR
Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*
PORT SAINT LUCIE, FL 34983
- (b) GABRIEL RODRIGUEZ PONCE DE LEON
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
400 SE FALLON DR
NEW Registered Office Address:
PORT SAINT LUCIE, FL 34983

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2023 FEB 23 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Gabriel Rodriguez
Signature of a member or authorized representative of a member

GABRIEL RODRIGUEZ PONCE DE LEON
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.

Gabriel Rodriguez
Signature of Registered Agent