

L160000064340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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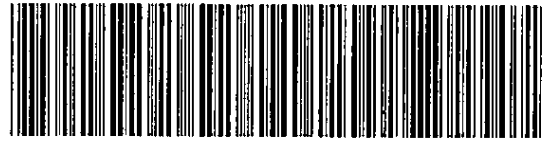
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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JUL 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aristocrete Coating Experts 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:

James Carolin
Name of Person

Aristocrete Coating Experts LLC
Firm/Company

38 Glen Falls Dr.
Address

Ormond Beach FL, 32176
City/State and Zip Code

Carolin67@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Carolin at (386) 882-3660
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

**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: Aristocrate Contracting Experts LLC

2. (a) 38 Glen Falls Dr.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Ormond Beach, FL
32174

(b) 38 Glen Falls Dr.

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Ormond Beach, FL
32174

3. 4/11/2019
Date of filing/registration in Florida

4. L1600000643401
Document number

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

1264 Riverbreeze Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ormond Beach
FL 32176

(b) James Carolin
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

38 Glen Falls Dr.
NEW Registered Office Address:

Ormond Beach
FL 32174

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.

Matthew Carolin
Signature of a member or authorized representative of a member

Matthew Carolin
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]
Signature of Registered Agent