L16000068 709

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
. (CII	ty/State/Zip/Phone	: ++)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700302715417

08/25/17--01021--021 *+25.00

17 AUG 25 AM II: 49

i.25 . 7 . Y

COVER LETTER				
TO: Registration Section Division of Corporations				
All Pro Roofing, 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:				
Keith McWilliams				
Name of Person				
All Pro Roofing, LLC				
Firm/Company				
395 Orange Lane				
Address				
Casselberry, FL 32707				
City/State and Zip Code				
keith@allprofl.com				
E-mail address: (to be used for future annu-	al report notification)			
For further information concerning this matter, please call:				
Keith McWilliams	407 595-9171			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:				
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
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. N	lame of the limited liability company: All Pro Roofi	ing, LLC	
2. (a)	395 Oranga Lana Cassalharny EL 32707	(b) 395 O	range Lane Casselberry, FL 32707
(- <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	04/04/2016 Date of filing/registration in Florida	L16000	068709 Document number
5. (a	Keith McWilliams - President		
·	Registered Agent and Registered Office shown on the records o 1830 Barton St. Registered Office Address (MUST BE FLORIDA STREET)	·	tate:
	Longwood . F	1. 32750	17)
(b)	Keith McWilliams - President		AUG 2
,	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	6
	395 Orange Lane		
	NEW Registered Office Address:		49 80A
	Casselberry F	L_32707	
the chargent was ly the lar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members tiples of organization or the operating agreement of the attree of a member or authorized representative of a member	of the registered off liability company, is of the limited liability called liability calle	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Illiams Printed or typed name of signce
provis the ob to men holitic	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet digations of my position as registered agent as provide rely reflect a change in the registered office address, a ed in writing of this change.	e performance of m led for in Chapter 6 I hereby confirm the	apacity. I juriner agree to comply with the ty duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been