

L16000123541

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

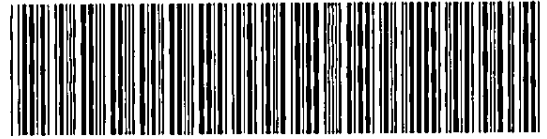
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2023 JAN 20 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROBINSON ROOFING & RESTORATION 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:

DYLAN ROBINSON

\_\_\_\_\_  
Name of Person

ROBINSON ROOFING & RESTORATION LLC

\_\_\_\_\_  
Firm/Company

1019 E COMANCHE AVE

\_\_\_\_\_  
Address

TAMPA, FL 33604

\_\_\_\_\_  
City/State and Zip Code

OFFICE@ROBINSONSROOFS.COM

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

For further information concerning this matter, please call:

DYLAN ROBINSON

850 443-2711  
at ( )

\_\_\_\_\_  
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: ROBINSON ROOFING & RESTORATION LLC

2. (a) 1019 E COMANCHE AVE (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)

3. 07/05/2016 Date of filing/registration in Florida 4. L16000123541 Document number

5. (a) DYLAN ROBINSON Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1019 E COMANCHE AVE TAMPA, FL 33604

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1019 E COMANCHE AVE TAMPA, FL 33604

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

NEW Registered Office Address: 2541 N DALE MABRY HWY SUITE 350 TAMPA, FL 33607

FILED 2023 JAN 20 PM 4:00 STATE OF FLORIDA TALLAHASSEE

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 of a member or authorized representative of a member DYLAN ROBINSON 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 of Registered Agent