## LILA00157758

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2017

LEZLI HARRISON 325 HARRY AVE S. LEHIGH ACRES, FL 33973

SUBJECT: COLE FLOORING AND CONSTRUCTION LLC

Ref. Number: L16000157758

2017 FEB 13 PH 3: 35

We have received your document for COLE FLOORING AND CONSTRUCTION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 217A00001820

TILED

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Cole Flooring & Name	Construction, LLC of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Lezli Harrison Name of Person	<del></del>	
Cole Flooring & Constr	uction, LLC	
325 Harry Ave S	2017 FEB	
Lehigh Acres FL 3 City/State and Zip Code	3973 ER TO	
tylersmith 840 yahor E-mail address: (to be used for future annua		
For further information concerning this matter, p	lease call:	
Lezli Harrison Name of Person	at (479) 206 - 2929 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	

INHS18 (2/14)

## 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. Na	ame of the limited liability company: Lole 100 ina &	onstruction, LLC
2. (a)	325 Harry Ave S, Lehia Acres, (b)	<b>,</b>
,		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	S-23-2016  Date of filing/registration in Florida  4.	000157758
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	Inc
	13302 Winding Dak Court A Registered Office Address (MUST) BE FLORIDA STREET ADDRESS)	
	Tampa ,FL 33612	2017 17/12/2
(b)	Roberta Meeks	表質・電
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:	Service To
	327 Harry Ave S	F-65
	NEW Registered Office Address:	U U U U U U U U U U U U U U U U U U U
	Lehigh Acres , FL 33973	
the cha agent w was/we	mited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is the cauthorized by an affirmative vote of the members of the limited liability concludes of organization or the operating agreement of the limited liability company.	and the business office of the registered shereby confirmed that the change(s) company or as otherwise provided in apany.
_ K	ny accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my organisms of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address, I hereby confirm that the property of this change.  The of Registered Agent	acity. I further agree to comply with the luties, and I am familiar with and accept . F.S. Or, if this document is being filed he limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00