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





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COVER LETTER

TO: Registration Section

Divi	sion of Corporations						
SUBJECT:	Eco-Logical Roofing, LLC						
SUBJECT.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return	all correspondence concerning t	his matter to the fo	ollowing:				
Jorge Ech	eandia Gonzalez						
	Name of Person		_				
Eco-Logic	al Roofing, LLC						
	Firm/Company		_				
5401 S Kir	rkman Rd Suite 310						
	Address		_				
Orlando, F	FL 32819						
·	City/State and Zip Code	· · · · · · ·	_				
sales@ec	ologicalpr.com						
E-mail	address: (to be used for future an	nual report notific	eation)				
For further in	nformation concerning this matte	r. please call:					
Patricia Ga	arcia	407	821-8559				
	Name of Person		Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	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			Filing Fee & Certified Copy				
INHS18 (2/14							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compassion to the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1.	Na	me of the limited liability company: Eco-Logical Ro	ofing, LLC	
2. (a		5401 S Kirkman Rd Suite 310 Orlando, Fl 328	(b) 5401 S	Kirkman Rd Orlando, FL 32819
2. (•)	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.		October 4, 2016 Date of filing/registration in Florida	L160001	84014 Document number
5. (a)	Registered Agent and Registered Office shown on the records of the CORPORATION SERVICE COMPANY	Florida Dept. of Stat	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET		- :: :::::::::::::::::::::::::::::::::
		TALLAHASSEE FL 32	2301-2525	- 5 [
(t	o)	Enter name of NEW Registered Agent and/or NEW Registered Of Jorge Echeandia Gonzalez	AN 7: 56	
		NEW Registered Office Address: 10520 Belfry Circle		_
		Orlando , FL 32	2832	_
the cagen was/the a	ha t we we irti- isio bli ere	mited liability company is not organized under the laws inge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the office of organization or the operating agreement of the line of a member or authorized representative of a member on authorized representative of a member on a complete person of all statutes relative to the proper and complete person of all statutes relative to the proper and complete person of an appear of the proper and complete person of a position as registered agent as provided for the proper and complete person of the person of the proper and complete person of the perso	e registered offic lity company, it is the limited liability nited liability cor Patricia Gard	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Dia Printed or typed name of signce pacity. I further agree to comply with the
Sign	1	r of Registered Agent		

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