## 46000189006

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05/15/17--01027-1010 SECTETARY OF STAIL AHASSEE FLORE

J. HARRIS

## **COVER LETTER**

Division of Corporations
SUBJECT: Regal Concrete & More, 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:
Salvador Aguirre  Name of Person  Regal Concrete & More, LLC  Firm/Company
<u> 70 Βοχ 1034</u> Address
Haines City, FL 33845 City/State and Zip Code
Or pharojas@amail, com  Elmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Salvador Aquirie at (407) 334 - 8287  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:
D \$25 Filing Fee & Certified Conv



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2017

ORPHA ROJAS NINFA ARMOR SERVICES, INC P.O. BOX 1024 HAINES CITY, FL 33845

SUBJECT: REGAL CONCRETE & MORE LLC

Ref. Number: L16000189006

We have received your document for REGAL CONCRETE & MORE LIGHT and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Rease complete and return the enclosed blank form(s).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00009882

28 H MAY 30

## 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.

rioria			1 0				
1. Na	ime of the limited liability company: Regal	Conci	ceteb	More, L	.LC		
2. (a)	25 Roel Street	(b)	P.D.	Box	1034		
	Principal office address of limited liability company:			failing address of			
	(Note: MUST BE STREET ADDRESS)		11	(Note: MAY B	L FOST OFFIC		
	Haines City, FL 33844	<del></del> .	Mair	ics Cia	ty, Th	33	3845
	<u> </u>				<u> </u>		
	10/12/2016		L 11	600018	9006		
3.	Date of filing/registration in Florida	4.	,	Document nu	•		
5. (a)	Mayra Y. Aguirre						
3. (a)	Registered (Agent and Registered Office shown on the records of	the Florida I	Dept. of State	:			
	25 Roel Street						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	1/2 P. /	220	2 1114				
	Fluince City, FI	336	577		IAS:	2	
(h)	V				L A	7 H	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addi	ress:		表示	HAY:	
	O + O = A				SE	30	
	Salvador Aguirre				E 097	PH	
	NEW Registered Office Address:				S 74	<del></del>	-
	25 Koel Street				IDA A	27	
	./ / /						
	Haines City, FI	L 338	344				
If the l	imited liability company is not organized under the la	ws of the S	State of Flo	rida, it is here	by confirme	d that	after
the cha	inge or changes are made, the Florida street address o	f the regist	ered office	and the busin	iess office of	the re	egistered
was/we	vill be identical. Or, in the case of a Florida limited liere authorized by an <u>affirmative vote of the members</u>	of the limit	ted liability	company or a	as otherwise	provio	ded in
the arti	cles of organization or the operating agreement of the	e limited lia	ability com	pany.			
Signa	ture of a member or authorized representative of a member		<u>Mayra</u>	Printed ontyped	name of signer		
	by accept the appointment as registered agent and ag			•			with the
provisi	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I	e performa ed for in C	nce of my o hapter 605	luties, and Lai FS Or if it	m familiar w	ith and is bei	d uccept
to mer	egations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in switt <b>n</b> a of this change	hereby col	nfirm that i	he limited liai	bility compar	ny has	been
nonjie	d in writing of this change.						
Signatu	re of Register Agent Salvador Aquitre						
	1						

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