L17000113857

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

Office Use Only



500307192105

01/03/18---01021--017 **25.00

18 JAN - 3 PH 5: 0:

S. WARREN JAM 0 5 2018

COVER LETTER

TO: Registration Section Division of Corporations	: 			
SUBJECT: SHORELINE ROOF	FING & REPAIR LLC			
Name of Lin	mited 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:				
TRAVIS ANDERSON - MA	ARCH			
SHORELINE ROOFING & REPAIR LLC Firm/Company				
2806 JEFF CRSON PARKWAY Address				
FT PIERCE, FL 34946 City/State and Zip Code				
TRAVISE SHORELINEROOFING. NET E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
TRAVIS ANDERSON—MARCH at (772) 333-8853 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 amour	nt:			
□ \$25 Filing Fee	S55 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.

Name of the limited liability company:	SHORELINE	ROOFING &	REPAIR LCC
2. (a) 2806 Jeffelson for Principal office address of limited liability (Note: MUST BE STREET ADDRESS OF LEACH FL	y compaлу: RESS)	Mailing address of (Note: MAY B)	ERSON PARKWAY Climited liability company: EPOST OFFICE BOX D
3. Date of filing/registration in Florance 5. (a) DeBORAH R. Cou Registered Agent and Registered Office shown or			13857 mber
Registered Agent and Registered Office shown or 830/ S//PD/AD/RO Registered Office Address (MUST BE FLOR FT. PIERCE (b) Enter name of NEW Registered Agent and/or N	ERDR FIDA STREET ADDRESS) FL 349	8Z	18 JAN 3 PH 5:
TRAVIS ANDERSO NEW Registered Office Address: 2806 JEFFERSON FT PIERCE	J PARKWAY	<u>/</u>	05
If the limited liability company is not organized the change or changes are made, the Florida streagent will be identical. Or, in the case of a Flor was/were authorized by an affirmative vote of the articles of organization or the operating agrees a member or authorized representative of a	eet address of the registe ida limited liability com- ne members of the limite eement of the limited lial	red office and the busin pany, it is hereby confired liability company or a	ess office of the registered med that the change(s) as otherwise provided in
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of the obligations of my position as registered ages to merely reflect a charge in the registered office notified in writing of this change. Signature of degistered agent Division of Corporate	igent and agree to act in and complete performan	n this capacity. I further ce of my duties, and I ar apter 605, F.S. Or, if th firm that the limited lial	r agree to comply with the m familiar with and accept is document is being filed bility company has been

FILING FEE: \$25.00