## L17000 116735

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## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	Revival Siding and Stucco		
	Nar	ne of Limited	Liability Company
Dear Sir	or Madam:		
The enclo	osed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.
Please re	turn all correspondence concerning th	is matter to th	c following:
Maeve Ga	audino		
	Name of Person		<del></del>
Revival S	iding and Stucco		
	Firm/Company	-	<del></del>
14422 She	oreside Way, suite 110 # 338		
	Address	_	
Winter Ga	arden, Fl 34787		
_	City/State and Zip Code		
maeve@re	evivalsidingandstucco.com		
E-n	nail address: (to be used for future ann	ual report not	ification)
For furth	er information concerning this matter,	please call:	
Maeve Ga	audino	407 at (	961-1250
-	Name of Person	at (	Area Code & Daytime Telephone Number
F C P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	Enclosed is a check for the following	amount:	
C	□ \$25 Filing Fee	٥	\$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.

2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	5511 Cape Hatteras Dr	14422 Shoreside Way, suite 110 # 338
	Clermont, Fl 34714	Winter Garden, Fl
	May 26th, 2017	1.17000116735
3.	Date of filing/registration in Florida	4. Document number
i. (a)		
. (-)	Registered Agent and Registered Office shown on the record	ords of the Florida Dept. of State:
	United States Corporation, Inc	
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)
	13302 Winding Oak Court A	
	Tampa	,FL <sup>33612</sup> 525 28
(b)		
	Enter name of NEW Registered Agent and/or NEW Regis	istered Office address:
	Ty Halsey	
	NEW Registered Office Address:	
	5511 Cape Hatteras Dr	<u></u> 6
	Clermont	
		he laws of the State of Florida, it is hereby confirmed that after the
igent v was/w	will be identical. Or, in the case of a Florida limit	of the registered office and the business office of the registered ted liability company, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwise provided in of the limited liability company.
Signa	tyre of a member or authorized representative of a member	74 HINSEY Printed or typed name of signee
I here provis he ob	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as pro-	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and accep ovided for in Chapter 605, F.S. Or, if this document is being filed ss, I hereby confirm that the limited liability company has been
o mer vojifie	d in writing of this change.	ss, i hereby confirm that the timaed adolary company has been