117000135971

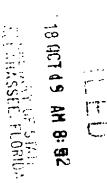
| (Re | equestor's Name) | <u> </u> | | | |
|-------------------------|------------------------|-------------|--|--|--|
| (Ad | Idress) | | | | |
| (Ad | Idress) | | | | |
| (Cit | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | isiness Entity Na | me) | | | |
| (Do | ocument Number |) | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to | Filing Officer: | | | | |
| | 0, | 19/18 AL | | | |

Office Use Only



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08/27/18--01009--015 **25.00





September 5, 2018

MATTHEW W THORP 10933 GRAND TRUNK LANE JACKSONVILLE, FL 32257

SUBJECT: THORP CONSTRUCTION LLC

Ref. Number: L17000135971



We have received your document for THORP CONSTRUCTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6939.

Agnes Lunt Regulatory Specialist III

Letter Number: 518A00018335

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|--------|--|---------------|----------------------------|--|-------------|
| SUBJ | Thorp Construction LLC | | | | |
| | | ne of Limite | ed Liab | ility Company | |
| Dear S | Sir or Madam: | | | | |
| The er | nclosed Registered Agent/Registered Off | fice Change | and fee | e(s) are submitted for filing | |
| Please | return all correspondence concerning th | is matter to | the fol | lowing: | |
| Matth | new W Thorp | | | | نند |
| | Name of Person | | | | 18 9 |
| Thorp | Construction LLC | | | | AHASS |
| | Firm/Company | | | | F.C. |
| 1093 | 3 Grand Trunk Lane | | | | FLORN |
| | Address | | | | |
| Jacks | sonville, Fl 32257 | | | | |
| | City/State and Zip Code | | | | |
| Matt | @ThorpConstruction.com | | | | |
| F | -mail address: (to be used for future and | nual report r | notificat | ion) | |
| For fu | rther information concerning this matter. | . please call | : | | |
| Matth | ew Thorp | 904 at (| | 3621885 | |
| | Name of Person | | | rea Code & Daytime Telep | hone Number |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | Regist Divisi P.O. B | ING ADDRESS: ration Section on of Corporations lox 6327 assee, Florida 32314 | |
| | Enclosed is a check for the following | amount: | | | |
| | ■ \$25 Filing Fee | | 355 F | iling Fee & Certified Copy | ı |

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.

| I. Na | ame of the limited liability company: | — | | | | | |
|--------------------------------|--|---|---|---|---|--|-------------------------------------|
| 2. (a) | Principal office address of limited liability company: | _ (| b) | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address (Note: MAY | s of limited liab ' <u>BE POST OF</u> | - | |
| | 10933 Grand Trunk Lane | | 10933 | Grand Trun | k Lane | | |
| | Jacksonville, FL 32257 | _ | Jackso | nville, FL 32 | 2257 | 18 5 | |
| | | | | · · · · · · · · · | <u> </u> | £39 | |
| | 8/21/18 | | L170001 | 135971 | \$5.5 2.5 2.5 2.5 3.5 4.5 4.5 4.5 5.5 5.5 5.5 5.5 5.5 5.5 5 | 9 | <u>.</u> |
| 3. | Date of filing/registration in Florida | 4. | | Document r | ıumber 🔂 😅 | A. | |
| 5. (a) | Matthew W Thorp | | | | 7.5 | œ | |
| · · · | Registered Agent and Registered Office shown on the records of t | | | ite: | ORIUA | 4 | |
| | Registered Office Address (MUST BE FLORIDA STREET - | IDDRES | <u></u> | | | | |
| | 2427 Jose Circle S | | _ | | | | |
| | Jacksonville | 32217 | , | _ | | 2018 00.1 | |
| | | | | | | 30 | • |
| (b) | Matthew W Thorp | | | | | co | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office a | <u>ddress</u> : | | | | |
| | | | | | | ئ <u>ا ا</u> ل: | |
| | NEW Registered Office Address: | | · · · · · · · · · · · · · · · · · · · | _ | | ಎ | |
| | 10933 Grand Trunk Lane | | | | | CT | |
| | Jacksonville | 32257 | , | | | | |
| the cha agent w was/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | vs of the the regulative of the line | e State of F istered offic ompany, it nited liabil | ce and the bus is hereby con ity company o | siness office of firmed that t | of the : he cha | registered |
| //Vu | Att Stull | Ma | atthew W | Thorp | | | |
| Signat | ure of a member of authorized representative of a member | | | Printed or typ | ed name of sign | ice | |
| provision the oblicion to mere | by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I I in writing of this change. | ee to ac perforn I for in tereby c | et in this ca nance of my Chapter 60 confirm tha | pacity. I furthed duties, and I of S., F.S. Or. if I the limited li | ner agree to c am familiar this docume iability comp | comply with a nt is he any ha | with the nd accepting filed as been |

Signature of Registered Agent