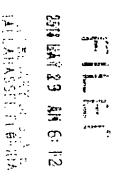
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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing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

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JUN O 1 20:9 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 5-tray'S Dry wall 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:						
Christie Stray Name of Person						
Stray's Drywau LLC Firm/Company						
3702 Huy 98 tot Unit 109 Address						
Merco Beach, FL 32456 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Edward Stray at (850) 918-1472 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:						
☎ \$25 Filing Fee						

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.

	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_		
I. Na	me of the limited liability company:	145	Dry wall	LLC	·
2. (a)		(b)			
(, -	Principal office address of limited liability company:	(-,	Mailing addr	ress of limited liability comp	•
	(Note: MUST BE STREET ADDRESS)			AY BE POST OFFICE BO	
	3702 Huy 98 Unit 10	09	3702 Hu	vy 98 Unit	109
	MPTICO BEACH, FL 324	156	maxico	BeAch FC	32456
	9-6-17		L17000	189329	
3.	Date of filing/registration in Florida	— 4. [–]	Documen	it number	
5 (a)	Christie Todd				
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:		
			• • • • • • • • • • • • • • • • • •		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)			
	691 DUVAL ST				
	Part St Jac	:L3Z	456		
	0)				. المستعدد
(b)	Christie Stray			> -<	EXECUTE 10
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office add	ress:		aen
			•		£764
				9- 00 - 00	State of
	NEW Registered Office Address:		_		•
	3702 Huy 98 Un	ut 109	7	₩ . W	
	,				
	MPTU BEACH .	_L 32	456		
					
	mited liability company is not organized under the lange or changes are made, the Florida street address of				
agent w	vill be identical. Or, in the case of a Florida limited	liability cor	mpany, it is hereby c	onfirmed that the chan	ge(s)
	re authorized by an affirmative vote of the members cles of organization or the operating agreement of the			y or as otherwise provi	ded in
	or of the operating agreement of the			•	
Signati	ure of a member or authorized representative of a member		Edward Str Printed or	typed name of signee	
	by accept the appointment as registered agent and a				with tha
provisio	ons of all statutes relative to the proper and complete	le performa	nce of my duties, and	t I am familiar with an	with the id accept
ine obli to mere	ons of all statutes relative to the proper and complet gations of my position as registered agent as provid ly reflect a change in the registered office address,	iea jor in C I hereby co	napier 005, 1°.S. Or, nfirm that the limited	y inis aocument is be I liability company has	ing filed s been
notified	I'in writing of this change.	•		•	
Signatur	e of Registered Agent				
orgnatul	e or regiments rigent				