

LI7000 227432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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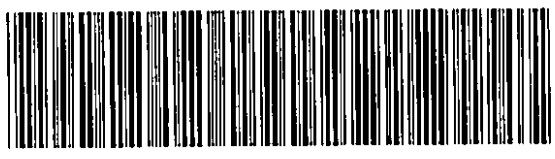
(Business Entity Name)

(Document Number)

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D. BRUCE  
JAN 28 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRENCH CARPENTRY 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:

MARSHA SIHA  
Name of Person

INCFE.COM LLC  
Firm/Company

17350 STATE HWY 249 STE 220  
Address

HOUSTON, TX 77064  
City/State and Zip Code

EFILE1234@INCFE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARSHA SIHA at (855) 829-9090  
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
- \$55 Filing Fee & Certified Copy

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**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.

1. Name of the limited liability company: FRENCH CARPENTRY LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
2332 CHYNN AVE  
NORTH PORT, FL 34286

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
2332 CHYNN AVE  
NORTH PORT, FL 34286

3. 11/02/2017 Date of filing/registration in Florida

4. L17000227432 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
LEGALINC CORPORATE SERVICES, INC.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5237 SUMMERLIN COMMONS, SUITE 400  
FORT MYERS, FL 33907

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
AMANDA FRENCH  
NEW Registered Office Address:  
2332 CHYNN AVE  
NORTH PORT, FL 34286

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TALLAHASSEE, FLORIDA  
STATE DEPT. OF REVENUE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jefferie French Signature of a member or authorized representative of a member

JEFFERIE FRENCH Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Amanda French  
Signature of Registered Agent