L17 600 231901

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Stanies Link, raine,		
(Document Number)		
Certified Copies Certificates of Status		
		
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Freedom Floor IN	ly and Refinishing LL Limited Liability Company	
Name of I	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mal	tter to the following:	
Distin Garney Name of Person		
Freedon Flooring and	Wefinishing LLC	
1460 Aateau Rd Address		
Charmater, F1 33755 City/State and Zip Code		
Freedom Flows 573 DG E-mail address: (to be used for future annual re	mail.Com port notification)	
For further information concerning this matter, pleas	se call:	
Dustin Garner at	(727) 619-8159	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	□ \$55 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.

1. Name of the limited liability company: Freedom F	looming and Refinishing LL
2. (a) 231 Commerce Dr S. (b)	1460 Plateau Rd
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Largo Fl 33770	Cleanuler Fl 33755
70 11	(Attended) et [1]
3. Date of filint/registration in Florida 4.	117000231901
Maladi	Document number
5. (a) / Ichael Laune Registered Agent and Registered Office spown on the records of the Florida I	Dept. of State:
2614 Hawk Voost C	Ť
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Holiday Fr. 34	<u>.</u>
	-
(b) Little name of NEW Registered Agent and/or NEW Registered Office additional Control of New Registered Offi	PSS:
1460 Plateau Rol	
NEW Registered Office Address:	•
Clearwater .FLB3	755
If the limited liability company is not organized under the laws of the S	
the change or changes are made, the Florida street address of the regist agent will be identical. Or, in the case of a Florida limited liability con	pany, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limit the articles of organization or the operating agreement of the limited lia	ed liability company or as otherwise provided in billity company.
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act is provisions of all statutes relative to the proper and complete performative obligations of my position as registered agent as provided for in Cito merely reflect a change in the registered office address. I hereby connecting in writing of this change	n this capacity. I further agree to comply with the accept accept and I am familiar with and accept apter 605, F.S. Or, if this document is being filed after that the limited liability company has been
Signature of Registered Agent	