

LI7000234008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

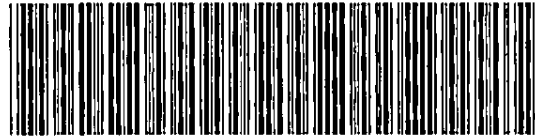
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TALLAHASSEE, FL 32304

2019 JAN 24 A 3:28

FILED

1/24/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2019

FRANCES SANFIORENZO
450-106 STATE RD 13N #386
JACKSONVILLE, FL 32259

SUBJECT: ALL MATERIALS LLC
Ref. Number: L17000234008

FILED
2019 JAN 24 A 3:28
TALLAHASSEE, FL 32309

We have received your document for ALL MATERIALS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 719A00000178

19 JAN 24 4:10:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Matetrials 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:

Frances Sanfiorenzo

Name of Person

All Materials LLC

Firm/Company

450-106 State Rd 13N #386

Address

Jacksonville, FL 32259

City/State and Zip Code

sales@allmaterialsllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Bonilla

Name of Person

904

at ()

613-9033

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

FILED
2019 JAN 21 2019
TALLAHASSEE, FLORIDA
PM 12:29

not

**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: All Materials LLC
2. (a) 450-106 State Rd 13N #386, Jacksonville FL 3: (b) 450-106 State Rd 13N #386, Jacksonville FL
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 11/13/2017 Date of filing/registration in Florida 4. L17000234008 Document number

5. (a) Frances Sanfioenzo
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

450-106 State Rd 13N #386

Jacksonville, FL 32259

- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Jose Bonilla

NEW Registered Office Address:

_____, FL _____

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.

Jose Bonilla
Signature of a member or authorized representative of a member

Jose Bonilla

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.

459-30 C-20
Signature of Registered Agent