

L17000251436

(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:

Office Use Only



000376720370

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CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2021 DEC 27 PM 3:11
TALLAHASSEE, FLORIDA

V. SULKER

DEC 29 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2021

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: FOXHAVEN ROOFING GROUP LLC
Ref. Number: L17000251436

We have received your document for FOXHAVEN ROOFING GROUP LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The designation of the registered agent must be at a Florida street address.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 421A00031223

RECEIVED
2021 DEC 28 PM 4:21
DIVISION OF CORPORATIONS
69

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/27/2021

****WALK IN****

ENTITY NAME FOXHAVEN ROOFING GROUP LLC - 1

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

E B JNO


Please call Tina at the above number for any issues or concerns. Thank you so much!

**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: Foxhaven Roofing Group LLC
2. (a) 1193 SE PORT ST. LUCIE BLVD #322
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
PORT ST. LUCIE, FL 34952
- (b) 1193 SE PORT ST. LUCIE BLVD #322
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
PORT ST. LUCIE, FL 34952
3. 12/07/2017 Date of filing/registration in Florida
4. L17000251436 Document number
5. (a) ANDREW KEYS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1193 SE PORT ST. LUCIE BLVD #322
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PORT ST. LUCIE, FL 34952
- (b) ANDREW KEYS
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1193 SE Port St Lucie Blvd
NEW Registered Office Address:
Port St. Lucie, FL 34952


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.


Signature of a member or authorized representative of a member

Ashley Goldsmith, Attorney-in-Fact

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.

 Ashley Goldsmith, Attorney-in-Fact
Signature of Registered Agent

FILED
2021 DEC 27 AM 8:08
CLERK OF STATE
TALLAHASSEE, FL