## 218000033114

| (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



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S. PRATHER

## COVER LETTER

| TO:   | Registration Section Division of Corporations  |   |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| SUBJE   | Chip and Dales Reliable Re   | Chip and Dales Reliable Renovation LLC  |  |  |  |  |  |  |
| Name of Limited Liability Company             |  |   |  |  |  |  |  |  |
| Dear S  | ir or Madam:   |   |  |  |  |  |  |  |
| The en  | closed Registered Agent/Registered Oft   | fice Change and fec(s) are submitted for filing.  |  |  |  |  |  |  |
| Please  | return all correspondence concerning th  | nis matter to the following:  |  |  |  |  |  |  |
| Dale I  | R Selby  |   |  |  |  |  |  |  |
|   | Name of Person   |   |  |  |  |  |  |  |
| Chip a  | and Dales Reliable Renovation Ll   | LC  |  |  |  |  |  |  |
|   | Firm/Company   |   |  |  |  |  |  |  |
| 18 NE   | E 10th street  |   |  |  |  |  |  |  |
|   | Address  |   |  |  |  |  |  |  |
| Gaine   | sville, Fl 32601   |   |  |  |  |  |  |  |
|   | City/State and Zip Code  |   |  |  |  |  |  |  |
| chipa   | nddalesreliablerenovation@gmai   | l.com   |  |  |  |  |  |  |
| Е   | -mail address: (to be used for future and  | nual report notification)   |  |  |  |  |  |  |
| For fur                                       | ther information concerning this matter  | , please call:  |  |  |  |  |  |  |
| Dale 9  | Selby  | 352 403-7624  |  |  |  |  |  |  |
|   | Name of Person   | Area Code & Daytime Telephone Number  |  |  |  |  |  |  |
|   | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |  |  |  |  |  |
| Enclosed is a check for the following amount: |  |   |  |  |  |  |  |  |
|   | <b>2</b> \$25 Filing Fee   | ☐ \$55 Filing Fee & Certified Copy  |  |  |  |  |  |  |

## 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.

| I. Na  | me of the limited liability company: Chip and Da  | ales Relia  | able Rer  | novation LLC   |                             |
|--|---|---|---|--|-----------------------------|
| 2. (a)   | 18 NE 10th street   | <br>(1  | 18 NE   | 10th street  |                             |
| 2. (4)   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   |   | Mailing address of limited liability compa   | -                           |
|  | Gainesville, FL 32601   |   | Gaines  | sville, FL 32601   | <del></del>                 |
|  | 02/06/2018  |   | L18000  | 033114   |                             |
| 3.   | Date of filing/registration in Florida  | 4.  |   | Document number  |                             |
| 5. (a)   | Dale R Selby  |   |   | <u> </u>   |                             |
|  | Registered Agent and Registered Office shown on the records of 18 ne 10th street Gainesville, FL 32601  | itate:  |   |  |                             |
| Registered Office Address (MUST BE FLORIDA STREET) |   |   | 5)  | . <u>.</u>   |                             |
|  | 18 ne 10th street   |   |   |  |                             |
|  | Gainesville   | <sub>L</sub> 32601  |   |  | [                           |
| (þ)  | Dale R Selby  Enter name of NEW Registered Agent and/or NEW Registered Office address:  |   |   | PH 1: 52   |                             |
|  | NEW Registered Office Address:  |   |   |  |                             |
|  | 5005 nw 41st street   |   |   |  |                             |
|  | Gainesville   | <sub>.L_</sub> 32606  |   |  |                             |
| Signar I herei provisi the ohl to mere notifice    | imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited at each organization or the operating agreement of the street of a member or anhorized representative of a member by accept the appointment as registered agent and a cons of all statutes relative to the proper and completing agreement of the proper and completing agreement of the proper and completing agent as provided by reflect a change in the registered office address. If in writing of this change. | of the reginal liability control in the limited Dales of the limited Dales of the limited Dales of the limited | stered off<br>ompany, inted liability ele Selby | Tice and the business office of the re<br>it is hereby confirmed that the chang<br>lity company or as otherwise provid-<br>company.  Printed or typed name of signee | gistered<br>ge(s)<br>led in |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00