

L18000121087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

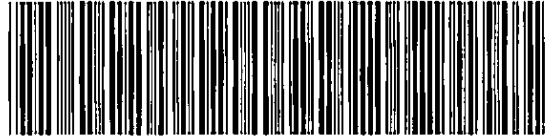
(Business Entity Name)

(Document Number)

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JUN 22 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Interstate ACM & Storage Builders 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:

Xiolaida De la Rosa

Name of Person

Xiolaida De la Rosa

Firm/Company

6426 South Goldenrod rd unit B

Address

Orlando, FL 32822

City/State and Zip Code

interstate.acm.storagebuilder@gmail.com

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

For further information concerning this matter, please call:

Xiolaida De la Rosa

Name of Person

at (321) 240 9652

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

**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: Interstate ACM & storage Builders LLC

2. (a) 6426 S Goldenrod rd unit B

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(b) 6426 S Goldenrod rd unit B

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3. 05/15/2018
Date of filing/registration in Florida
Xiolaida De la Rosa

4. L18000121087
Document number

5. (a) 6426 S Goldenrod rd unit B
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6426 S Goldenrod rd unit B

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32822

(b) 8917 Lee Vista Blvd unit 2803, Orlando FL 32829

Enter name of NEW Registered Agent and/or NEW Registered Office address:

8917 Lee Vista Blvd unit 2803, Orlando FL 32829

NEW Registered Office Address:

Orlando, FL 32829

FILED
2018 JUN 21 PM 8:01
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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.

Xiolaida De la Rosa

Signature of a member or authorized representative of a member

Xiolaida De la Rosa

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.

Xiolaida De la Rosa

Signature of Registered Agent