Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC REGISTERED AGENT CHANGE RESIDENTIAL ELEVATORS PROJECTS, LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	02	
Estimated Charge	\$55.00	

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Help

From: Lexus Wingo

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.

. Na	ame of the limited liability company: Residential Elevation	ors Projects,	, LLC			
!. (a)	No Change	(b) No Change				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: INote: MAY RE POST OFFICE ROX)		
	05/30/2018		8000133139			
ł.,	Date of filing/registration in Florida Cogency Global Inc.	-1.	Document number			
5. (a)	Registered Agent and Registered Office shown on the records of the 115 North Calhoun Street		ept of State:	200 200		
	Registered Office Address (MUST BE FLORIDA STREET A SUITE 4		PVISION DEC 13			
	TALLAHASSEE , FL	32301		14 STATE		
(ს)	C T Corporation System		TOP STATE			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	\$ <u>\$</u> .	9 AR			
	1200 South Pine Island Road		7			
	NEW Registered Office Address.					
	Plantation , FL.	33324				
he cha igent v	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lise ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ibility comp f the limite	red office and the business offi pany, it is hereby confirmed the d liability company or as other	ce of the registered at the change(s)		
	Angles Gabric une of a member or authorized representative of a member	Amber	r Gabrie, Manager			
I here provisi the obt to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I I dim writing of this change. CT Corporation System	performand I for in Cha hereby conf	Printed or typed name of this capacity. I further agree ce of my duties, and I am famil apter 605, F.S. Or, if this docutirm that the limited liability consistant Secretary	to comply with the		

To: +18506176383