

L18000139797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

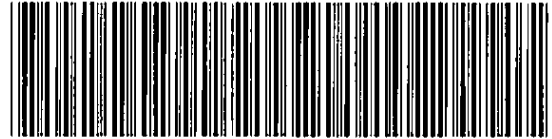
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/29/23--01025--003 **25.00

2023 AUG 29 PM 12:40
DIVISION OF CORPORATIONS

08/29/23

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Michael D. Chiumento III
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Vincent L. Sullivan
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145 City Place, Suite 301
Palm Coast, FL 32164
Tel. (386) 445-8900
Fax: (386) 445-6702

5048 N. Ocean Shore Blvd.
Palm Coast, FL 32137

By Appointment Only:
57 W. Granada Blvd.
Ormond Beach, FL 32174

August 25, 2023

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Statement of Change of Registered Office
Wilco Restoration, LLC

Dear Sir/Madam:

Enclosed please find an original and one (1) copy of Statement of Change of Registered Agent for the above, together with our firm's check in the total amount of \$25.00 representing your filing fee. If all is in order, kindly file the Statement and return a copy of same to the undersigned.

If you have any questions, please do not hesitate to call.

Sincerely yours,

Karolyn Sheekey
Legal Assistant to
Michael D. Chiumento III

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wilco Restoration, 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:

Karolyn Sheekey

Name of Person

Chiumento Law, PLLC

Firm/Company

145 City Place, Suite 301

Address

Palm Coast, FL 32164

City/State and Zip Code

joe@wilcorestoration.com

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

For further information concerning this matter, please call:

Karolyn Sheekey

386

445-8900, ext. 101

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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DIVISION OF CORPORATIONS

**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: Wilco Restoration, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

81 Levee Lane

81 Levee Lane

Ormond Beach, FL 32174

OrmondBeach.FL32174

06/05/2018

L18000139797

3. Date of filing/registration in Florida 4. Document number

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

Daytona Registered Agents

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

444 Seabreeze Blvd., Suite 890

Daytona Beach, FL 32174

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

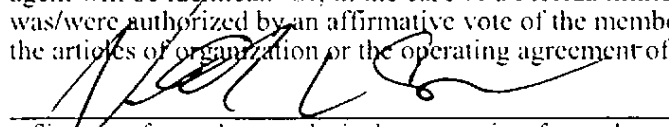
Chiumento Law, PLLC

NEW Registered Office Address:

145 City Place, Suite 301

Palm Coast, FL 32164

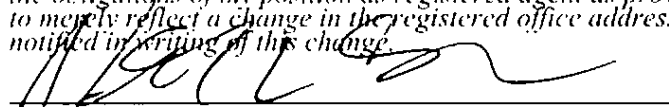
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Vincent L. Sullivan

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.


Signature of Registered Agent

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA