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(ке	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates o	f Status
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COVER LETTER.

TO:	Registration Section Division of Corporations		·		
SUBJE	3D Building & Remodeling LL	.C			
Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	e Change and fe	ee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the fo	llowing:		
Stacy	L. De Terlizzi				
	Name of Person		-		
3D Bu	uilding & Remodeling LLC				
	Firm/Company		-		
8004	118th Avenue North				
	Address		-		
Largo	, FL 33773				
	City/State and Zip Code		-		
stacy	@buildit-3d.com				
Е	-mail address: (to be used for future annu-	al report notifica	ation)		
For fur	ther information concerning this matter, p	lease call:			
Stacy	De Terlizzi	813	340-8888		
	Name of Person	- '	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314		
	Enclosed is a check for the following a	mount:			
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

INHS18 (2/14)

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. N	ame of the limited liability company:	3D Building	& Rem	odeling LL	С
2. (a)	8004 118th Avenue North		-	b) Same a	as Principal Address
. ,	Principal office address of limited liab (Note: MUST BE STREET AI			· · · /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Largo, FI				
	07/05/2018			L180001	63285
	Date of filing/registration in	Florida	— 4.		Document number
i. (a	Stacy L. De Terlizzi				
`	Registered Agent and Registered Office show	n on the records o	f the Flori	da Dept. of Sta	te:
	Registered Office Address (MUST BE FL 2532 Sutherland CT	ORIDA STREET	ADDRES	<u>(S)</u>	_
	Cape Coral	, F	3399	1	_
(b)	Stacy L. De Terlizzi				
	Enter name of NEW Registered Agent and/o	r <u>NEW Registere</u>	d Office a	<u>ddress;</u>	
	NEW Registered Office Address:				-
	8004 118th Avenue North				
					- 80 06 - 80 06

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.

any Du	Philip De Terlizzi	
Signature of a member or authorized representative of a member	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 infwriting of this change.

Signature of Registered Agent