Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383



Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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

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LLC REGISTERED AGENT CHANGE PALM TREE ROOFING, LLC.

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Help, 28 2023

K. Brumbley

Fax: 8134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. Na	ame of the limited liability company: PALM TREE ROC	FING, LLC.	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	09/25/18	L1800	00227542
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Iona, Rupert		
	Registered Agent and Registered Office shown on the records of	of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	3440 W HOLLYWOOD BLVD. SUITE 415		
	HOLLYWOOD FL	33021	20
(b)	Northwest Registered Agent LLC	2023 NOV 27	
(0)	Enter name of NEW Registered Agent and/or NEW Registered		
	7901 4th St N		7 PM
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg, FL	33702	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered ability compar of the limited I	l office and the business office of the registered ny, it is hereby confirmed that the change(s) iability company or as otherwise provided in
	ture of a member or authorized representative of a member	Nat Smith	
_			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	nertormance i	of my duites-and i am familiar with and accent
- /	Taylor Newman Assistant Se	ecretary	
Signatu	re of Registered Agent		