118000264135

(Requestor's Name)		
(Address	5)	
(Addres	s)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busines	ss Entity Name)	
(Docume	ent Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing	Officer:	
0	ffice Use Only	
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C GOLDEN
MAR 3 1 2020

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT: AWS GARAGE DOURS, 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 correspo	ndence concerning this matter to the following:	
Jones	Pennemut Jame of Person	
	irm/Company	
1020	OCOEE-APOPKA NO # 100	
AP OF	State and Zip Code	
AllEN P1030	e used for future annual report notification)	
E-mail address: (to	be used for future annual report notification)	
For further information of	oncerning this matter, please call:	
Jon now Name of	" (— nber
Mailing Address Registration Seconds Division of Cor P.O. Box 6327 Tallahassee, FL	Street Address: Etion Registration Section Division of Corporations The Centre of Tallahassee	
Enclosed is a ch	ck for the following amount:	
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2020

2029 HIT 30 AMT: 14

ALLEN PERRÉAULT 2560 W. ORANGE BLOSSOM TRAIL APOPKA, FL 32712

SUBJECT: AWS GARAGE DOORS, LLC

Ref. Number: \$\mathbb{L}18000264135\$

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please correct the document number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050!

Claretha Golden Regulatory Specialist II

Letter Number: 920A00005662

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: AWS GAMAGE 000	is, llC
2. (a) 1020 OCOEF-APOPLA RD \$100 (b)	SAME
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
APOPER A 32703	
	18000264135
3. Date of filing/registration in Florida 4.	Document number
5. (a) Kurthy Cost4	<u></u>
Registered Agerlt and Registered Office shown on the records of the Florida Dept. of St	tate:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	——————————————————————————————————————
BUSNEU, Fl 335-13	
, FL	
	30
(b) JORDAN PORNEMUT	- 3 .
Enter name of NEW Registered Agent and/or NEW Registered Office address:	9 4
1020 OCOTE-APONIA NO FWO	
NEW Registered Office Address:	
APOPCA FC 32-703	
, FL	
If the limited liability company is not organized under the laws of the State of Fichange or changes are made, the Florida street address of the registered office a agent will be identical. Or, in the case of a Florida limited liability company, it was/were authorized by an affirmative vote of the members of the limited liability control articles of organization or the operating agreement of the limited liability control articles.	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
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 caprovisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 60 to merely reflect a change in the registered office address, I hereby confirm that notified in writing of this change.	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signature of Registered Agent	
Division of Cornerations P () Ray 6327a Tallah	190000 FL 37314

FILING FEE: \$25.00