## Florida Department of State Divisional Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*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 **ENVISION VINYL LLC**

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| Certified Copy        | 0       |
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## 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.

| 2. (a)                   |  | (b)  |   |
|--------------------------|--|--|---|
| <b>.</b> . (a)           | Principal office address of limited liability compar<br>(Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
|                          | 01/01/2019   | L1800  | 00287514  |
| 3.                       | Date of filing/registration in Florida   | 4.   | Document number   |
| 5. (a                    | UNITED STATES CORPORATIO   | N AGENTS, INC.   |   |
| J. (d)                   | Registered Agent and Registered Office shown on the reco   |  |   |
|                          | Registered Office Address (MUST BE FLORIDA STI   | <u>(EE.I ADDRESS)</u>  |   |
|                          | SUITE A  |  | _   |
|                          | TAMPA  | <sub>. FL</sub> 33612  | _ <b>202</b>  |
| (b)                      | Registered Agents Inc.   |  | APP<br>2022 AUG<br>SECRETA<br>TALL MHA  |
| (0)                      | Enter name of NEW Registered Agent and/or NEW Reg  | istered Office address:  |   |
|                          | 7901 4th St N  |  | PD PS   |
|                          | NEW Registered Office Address:   |  | 9.  |
|                          | STE 300  |  |   |
|                          | St. Petersburg   | _, <sub>FL</sub> 33702   | _   |
| the ch<br>agent<br>was/w | limited liability company is not organized under tange or changes are made, the Florida street addrwill be identical. Or, in the case of a Florida limber authorized by an affirmative vote of the mem ticles of organization or the operating agreement | ess of the registered offic<br>ited liability company, it<br>bers of the limited liabili | e and the business office of the registered<br>is hereby confirmed that the change(s)<br>ty company or as otherwise provided in |
|                          | Pill Pd  | Riley Park   |   |
|                          | ature of a member or authorized representative of a member   |  | Printed or typed name of signee   |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Assistant Secretary

notified in writing of this change.

Signature of Registered Agent

Bill Havre