

LI9000000390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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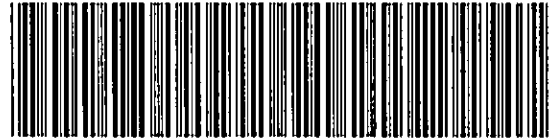
(Business Entity Name)

(Document Number)

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SECURITY DIVISION
FALLS CHURCH, VA

RALPH

JAN 17 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trusted Roof Solutions 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:

Randy Finch

Name of Person

Trusted Roof Solutions LLC

Firm/Company

11849 S US Hwy 41

Address

Gibsonton, FL 33534

City/State and Zip Code

Randy@trustedroofsolutions.com

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

For further information concerning this matter, please call:

Randy Finch

Name of Person

at (407) 725-2546

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: Trusted Roof Solutions LLC

2. (a)

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

11849 S US Hwy 41

Gibsonton FL 33534

12/26/2018

3. Date of filing/registration in Florida

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

11849 S US Hwy 41

Gibsonton FL 33534

L19000000390

4.

Document number

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Kail, Rebecca

Registered Office Address

(MUST BE FLORIDA STREET ADDRESS)

11849 S US Hwy 41

Gibsonton FL

FL 33534

(b)

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

Finch, Randy

NEW Registered Office Address:

11849 S US Hwy 41

Gibsonton FL

FL 33534

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.

Rebecca Kail

Signature of a member or authorized representative of a member

Rebecca Kail

Printed or typed name of signer

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.

Randy Finch

Signature of Registered Agent

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

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2019 JAN 11 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA