

L19 0000 36034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

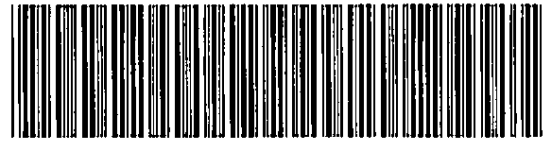
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 OCT -5 PM 5:50

CLERK OF STATE  
TALLAHASSEE, FL

10/11/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLSTAR THERMAL PRODUCTS 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:

ELIZABETH ADEYEYE

\_\_\_\_\_  
Name of Person

ALLSTAR THERMAL PRODUCTS LLC

\_\_\_\_\_  
Firm/Company

6501 Arlington Expy, SUITE B105

\_\_\_\_\_  
Address

JACKSONVILLE, FL, 32211

\_\_\_\_\_  
City/State and Zip Code

fjx5000@gmail.com

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

For further information concerning this matter, please call:

ELIZABETH ADEYEYE

800

3870406

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: ALLSTAR THERMAL PRODUCTS LLC

2. (a) 6501 Arlington Expy, SUITE B105 (b) 6501 Arlington Expy, SUITE B105

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

JACKSONVILLE, FL 32211

JACKSONVILLE, FL 32211

02/05/2019

L19000036034

3. Date of filing/registration in Florida

4. Document number

5. (a) ELIZABETH ADEYEYE,

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

7819 SUNNYDALE LANE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

JACKSONVILLE, FL 32256

(b)

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

ELIZABETH ADEYEYE

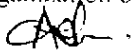
NEW Registered Office Address:

6501 Arlington Expy, SUITE B105

JACKSONVILLE, FL 32211

FILED  
2020 OCT -5 PM 5:50  
TALLAHASSEE, FL  
FLORIDA DEPT. OF STATE

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.



ELIZABETH ADEYEYE

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 in writing of this change.*



Signature of Registered Agent