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| Special Instructions to Filing Officer: |
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COVER LETTER

| SUBJECT: NATIONWIDE RESTORATION, LLC | |
|---|---|
| Name of Lin | nited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Chan | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| AARON THALWITZER | |
| Name of Person | -n |
| GORDON & THALWITZER | |
| Firm/Company | |
| 299 N ORLANDO AVE | |
| Address | |
| COCOA BEACH FL 32931 | |
| City/State and Zip Code | |
| SARAH@NATIONWIDECONSTRUCTIONVENTURES.C | сом |
| E-mail address: (to be used for future annual repor | rt notification) |
| For further information concerning this matter, please ea | all: |
| at (| 1 |
| Name of Person |) Area Code & Daytime Telephone Number |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 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.

| (a) | 608 HOFFNER AVE | | /1- | (608 HO | FFNER AVE | | |
|-------------------|---|--|---------------------------|--|--|--|------------------|
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) ORLANDO, FL 32809 | iy: (b) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) NDO, FL 32809 | | |
| | | | | | | | |
| | 7/14/2022 | | | 1,1900004 | 0067 | | <u> </u> |
| | Date of filing/registration in Florida | — 4. | | | Document n | number | |
| (a) | AARON THALWITZER, ESQ. | | | | | | |
| (a) | Registered Agent and Registered Office shown on the records of 299 N ORLANDO AVE | f the Flo | rida | Dept. of St | ate: | | |
| | Registered Office Address | ADDR. | ESS | Į | _ | | |
| | | | | | | -1. 20 | |
| | COCOA BEACH | 3293 | 1 | , . | | 23 k Sec | <u> </u> |
| (b) | C T CORPORATION SYSTEM | | | | _ | 2023 NOV - 1 | 3 |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | <u> </u> | 3.6 |
| | 1200 SOUTH PINE ISLAND ROAD | | | | PH 1: 12 | | |
| | NEW Registered Office Address: | | | | | | |
| | PLANTATION | 33324 | 1 | - | | | |
| ige it w we | mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e regist iability of the c limite | tere co lim d li | d office a npany, it ited liabil | and the busines is hereby conf ity company o ompany. | ss office of the regis firmed that the char | stered |
| maj | nature of a member or authorized representative of a member | | | | Printed or typed name of signee | | |
| reh Lişiç | y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address, I | ree to e perfoi | act ma | in this ca nce of my hapter 60 | navita I fact | ur aarus ta a | with a nd acc |