

8/19/2020

Division of Corporations

H200002866473

# L19000113413

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000286647 3)))



H200002866473ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

R WHITE  
AS 11 11

**\*\*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 NEW RESTORATION AND RECOVERY SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

H20000286647 3

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New Restoration and Recovery Services, LLC  
Name of Corporation

**DOCUMENT NUMBER:** .....

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allen Blackhurst

Name of Contact Person

New Restoration and Recovery Services, LLC

Firm/Company

2510 Meridian Parkway Suite 350

Address

Durham NC 27713

City/State and Zip Code

ablackhurst@aqualisco.com

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

For further information concerning this matter, please call:

Allen Blackhurst

at (919) 646.4963

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

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

CR2E045 (04/13)

H20000286647 3

H20000286647 3

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NEW RESTORATION AND RECOVERY SERVICES, LLC
2. The principal office address: 2510 MERIDIAN PKWY 350 DURHAM, NC 27713
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/25/2019 Document number: L19000113413
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

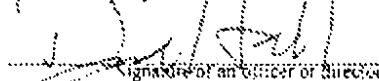
Denmark, Jillian E10 SE Central Parkway, Suite 100Stuart, FL 34994

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company1201 Hays StreetP.O. Box NOT acceptableTallahasseeFL 32301

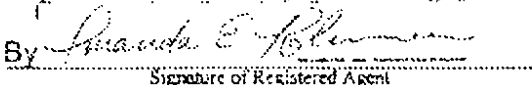
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 \_\_\_\_\_  
 Signature of an officer or director

David HallVP FinancePrinted or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
 \_\_\_\_\_  
 Signature of Registered Agent

08/19/2020Date

If signing on behalf of an entity:

Amanda RobinsonTyped or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
 CR2E645 (04/13)

2020 AUG 19 PM 2:19

H20000286647 3