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10/23/24--01028--002 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

3526 INDUSTRIES LLC

SUBJECT: _____

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:

Robert Dooley

Name of Person

Firm/Company

14459 Barred Owl Way

Address

Jacksonville, FL 32259

City/State and Zip Code

Bobby.Dooley@chhj.com

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

For further information concerning this matter, please call:

Robert Dooley	904 at (755-1848
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

INHS18 (2/14)

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. N	ame of the limited liability company:	ES LL	C		
2. (a)	1725 S Nova Rd			1725 S N	lova Rd
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite E4			Suite E4	
	South Daytona, FL 32119	_		South Da	ytona, FL 32119
	05/03/2019			L19000120	1522
3.	Date of filing/registration in Florida	4.	-		Document number
5. (a)	Don Biroschik CPA PA				
<i></i>	Registered Agent and Registered Office shown on the records of t 35 Knight Boxx Rd	he Flo	rida	Dept. of Siz	
	—				
	Suite 4				t
	Orange Park, FL	3206	5		
(b)	Robert Dooley				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	ado	<u>ress</u> :	
	14459 Barred Owl Way				
	<u>NEW</u> Registered Office Address:				
	Jacksonville, FL	3225			_
chang- agent was/w	limited liability company is not organized under the law e or changes are made the Florida street address of the will be identical. (), in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the l	regist bility f the limite	tere cor limi ed li	d office an npany, it ted liabili ability con	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	atury of a member or authorized representative of a member	r _	CODC	rt Dooley	Printed or typed name of signee
l here provis the ob to mer notifie	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p lightions of my position as registered agent as providea rely reflect a change in the registered office address, I h ad in writing of the change.	e to o pe r foi for i ereby	act i rma n C ? coi	in this cap nce of my hapter 60 nfirm that	pacity. I further agree to comply with the

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

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