

L19 000151652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

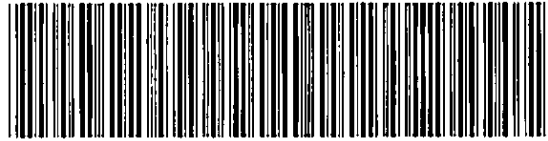
(Document Number)

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J. HORNE  
JUN - 3 2022

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2022 JUN -2 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2022 JUN -2 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

<p>NAME OF ENTITY</p> <p>Horizon Structural Developers, LLC</p>	<p>FOR OFFICE USE ONLY</p>
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**PICK ONE:**

       CERTIFIED COPY   ✓   PHOTOCOPY        C.U.S.

**FILING:**

☐ CORPORATION    ☐ LLC    ☐ LIMITED PARTNERSHIP    ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME    ☐ SERVICE MARK/TRADEMARK    ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION    ☐ JUDGMENT LIEN  
☒ OTHER RA Change

**RETRIEVAL:**

\_\_\_\_GOOD STANDING CERT/C.U.S.    \_\_\_\_CERTIFIED COPY    \_\_\_\_PHOTOCOPY

Of \_\_\_\_\_

**APOSTILLE/NOTARY CERTIFICATION REQUEST:**

Country \_\_\_\_\_

Amount of Documents\_\_\_\_\_

DATE 6/2/22 TIME           

**Notes:** \_\_\_\_\_

**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: HORIZON STRUCTURAL DEVELOPERS, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

7105 NW 53 TERRACE, MIAMI, FL 33166

7105 NW 53 TERRACE, MIAMI, FL 33166

06/07/2019

L19000151652

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Omar R. Lopez

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

7105 NW 53 TERRACE

MIAMI, FL 33166

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Advanced Filing and Retrieval Services, Inc.

**NEW** Registered Office Address:

1317 California Street

Tallahassee, FL 32304

**FILED**  
**2022 JUN -2 AM 9:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL 32304**

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.

/s/ Omar R. Lopez

Omar R. Lopez

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

for Advanced Filing and Retrieval Services, Inc.

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