L19000189687

(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
(Buşı	iness Entity Nan	ne)
(Doc	ument Number)	
0-48-40	C-4:6:+	of Chat.
Certified Copies	Certificates	or Status
Special Instructions to F	ilina Officer	
Opecial instructions to 1	imig Onicer.	
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Office Use Only



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07/28/24--01019--010 **35.00

TALLAHASSEEL FLORIDA

COVER LETTER

-	on Section of Corporations		
SUBJECT: Roo	f Supply Guy LLC		
SUBJECT.	Name	of Limited Li	ability Company
Dear Sir or Mada	n:		
The enclosed Reg	istered Agent/Registered Office	e Change and t	fee(s) are submitted for filing.
Please return all c	orrespondence concerning this	matter to the f	ollowing:
Timothy Allen Wil	liams		
	Name of Person	, <u>-</u>	_
Roof Supply Guy I	TC		
	Firm/Company		_
379 S Creek Court			
	Address		_
Osprey, FL 34229			
	City/State and Zip Code		_
tawilliams941@gm	ail.com		
E-mail addre	ess: (to be used for future annua	l report notific	cation)
For further inform	ation concerning this matter, pl	ease call:	
Timothy Allen Will	iams	813 at (505-6000
N	ame of Person		Area Code & Daytime Telephone Number
Division P.O. Box	on Section of Corporations		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 ar	nount:	
□ \$ 25 Fil	ng Fee	□ \$ 55	Filing Fee & Certified Copy
INHS18 (2/14)			



August 6, 2024

TIMOTHY ALLEN WILLIAMS 379 S. CREEK COURT OSPREY, FL 34229

SUBJECT: ROOF SUPPLY GUY LLC

Ref. Number: L19000189687

We have received your document for ROOF SUPPLY GUY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 324A00017334

received back on 12/16/24

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. Na	ame of the limited liability company:	uy LLC		_		
2. (a)	379 S Creek Ct, Osprey, FL 34229		(b) 379 S	Creek Ct, Osprey, FL 34	229	
~. (L)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limit (Note: MAY BE POX		-
	379 S Creek Ct		379 S (Creek Ct		
	Osprey, FL 34229		Osprey	, FL 34229		
	07/24/2019		L190001	189687		
3.	Date of filing/registration in Florida	— 4.		Document number		
5. (a)	United States Corporation Agents, Inc.					
5. (a)	Registered Agent and Registered Office shown on the records of	of the Flo	rida Dept. of S	State:		
				5	200	
	Registered Office Address (MUST BE FLORIDA STREET	ESS)		2024 DEC		
	476 Riverside Ave.				EC.	
	Jacksonville , F	TL	2		2024 DEC -6 1	TTI
	The state of the s					5
(b)	Timothy Allen Williams				8: 48 1) (1 E 1) (1 E	
	Enter name of NEW Registered Agent and/or NEW Registered	<u>ed Office</u>	address:		1 8: 48	
	NEW Registered Office Address:					
	379 S Creek Ct.					
	Osprey	L 34229	•			
	, F	L				
	mited liability company is not organized under the la					
igent w	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited I	liability	company, i	t is hereby confirmed t	that the change((s)
vas/we	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the l	imited liabi	ility company or as oth	erwise provide	d in
	hy Milliame Digitally signed by Timothy Williams		· ·	illiams, President		
	ure of a member or authorized representative of a member	_		Printed or typed name	of signee	
rovisio he obli o mere	by accept the appointment as registered agent and agents on so of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	e perfor led for it	mance of m n Chapter 6	ry duties, and I am fam 05, F.S. Or, if this doc	uliar with and a cument is being	iccept filed
	hy Williams Data: 2024.12.02.16:52:18 -05'00'					
Signatur	re of Registered Agent					