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(((H24000173008 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO

Account Number : 119980000090 Phone : (407)839-4200 Fax Number : (407)839-4264

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LUC REGISTERED AGENT CHANGE ELEGANT EXTERIORS, LLC

Испостану доктичена закона изменяться по узыкась цапла падалици са пада	PUTTO ELANGO SANDE SENTANTO AETA
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pg 2 of 2

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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 affice or registered agent, or both, in the State of Florida.

(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	.,	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)
	7/12/2019		L19000206378
	Date of filing/registration in Florida	4,	Document number
	B&C CORPORATE SERVICES OF CENTRAL FLOR		
. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept	t. of Sime:
	Registered Office Address	T.ADDRESSI	
	390 N. Orange Avenue, Suite 1400		2024 SI
	Orlando		
(b)	BRENT S. SPRINGHART Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>ed Office address</u>	2:
	NEW Registered Office Address:		
	2649 Danielle Dave		
	Oviedo	FL_32765	
change igent v was/wo he arti	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member-less of organization or the operating agreement of the case.	laws of the Stat he registered of liability compa s of the limited te limited liabil	e of Florida, it is hereby confirmed that after the flice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
		BRENT	
Signa	tine of a memoral or authorized representative of a member		Printed or typed name of signee
l here. provisi	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple, ligations of my position as registered agent as provid ely reflect a change in the registered affice address,	gree to act in ti le performance led for in Chan	his capacity. I firther agree to comply with the of my duties, and I am familiar with and acce agr 605, F.S. Or, if this document is being file

INHS18 (2/14)