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(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AVENUE ROOFING LLC		
Name of Limi	ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
JAMES D. ALLEN, ESQ.		
Name of Person		
LAW OFFICES OF JAMES D. ALLEN, P.A.		
Firm/Company		
50 NORTH LAURA STREET, SUITE 2500		
Address		
JACKSONVILLE, FL 32202		
City/State and Zip Code		
JAMES@JDA-LAW.COM		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please cal	l:	
JAMES D. ALLEN, ESQ. 904	508-3061	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
■ \$25 Filing Fee INH\$18 (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. Na	une of the limited liability company: AVENUE ROO	FING, LLC	
2. (a)	2004 BRIDGEWOOD DRIVE	(b)	04 BRIDGEWOOD DRIVE
, (,	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)
	ORANGE PARK, FL 32065	OR	RANGE PARK, FL 32065
			
	12/02/2019	L196	000293976
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
(4)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	t. of State:
	5575 S. SEMORAN BOULEVARD		
	Registered Office Address (MUST BE FLORIDA STREET		
	# 36		
	ORLANDO _	. 32822	.82
	ORLANDO F.	L	.)
(b)	JAMES D. ALLEN, ESQ.		<u> </u>
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	
			3 2
	LAW OFFICES OF JAMES D. ALLEN, PA		
	NEW Registered Office Address		
	50 NORTH LAURA STREET, SUITE 2500		
	JACKSONVILLE, F	L	
change agent v was/we the arti	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light end authorized by an affirmative vote of the members cless of organization or the operating agreement of the work from from from from from from from from	ws of the State registered of ability compa of the limited liabil	Tice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. V. GRAY
I herei provisi the obl to mere notifica	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If in writing of this change	ed for in Chap	ter 605, r.S. Or, if this document is being filed