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(Requestor's Name)								
(Address)								
(1001035)								
(Address)								
(City/State/Zip/Phone #)								
☐ PICK-UP ☐ WAIT ☐ MAIL								
(Business Entity Name)								
(Document Number)								
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Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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COVER LETTER

	egistration Section ivision of Corporations					
SUBJEC'	Canvassers of the Storms LLC					
		Name of Limited	Liability Company			
Dear Sir c	or Madam:					
The enclo	sed Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning	g this matter to th	ne following:			
Cecil E. C	ollins					
	Name of Person					
Canvasser	s of the Storms LLC					
	Firm/Company		<u>-</u>			
4337 Haw	klsey PL					
	Address					
Wesley Cl	napel, FL 33545					
	City/State and Zip Cod	e				
genecollin	s53@live.com					
E-m	ail address: (to be used for future	annual report no	tification)			
For furthe	r information concerning this mat	ter, please call:				
Stephanie		813 at (803-4887			
	Name of Person		Area Code & Daytime Telephone Number			
R D P	lailing Address: egistration Section livision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	nclosed is a check for the follow I \$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.

2. (a)		(l	o)			
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7044 Glory Rd			
	7044 Glory Rd					
	Zephyrhills, FL 33540		Zephyrhill	s. FL 33540		
	02/28/2020 / 02/24/2020		L200000660	947		
3.	Date of filing/registration in Florida	4.		Document number	•	•
5. (a)	McGonigle, Craig					
. (,	Registered Agent and Registered Office shown on the records of			_ e:		
				_		
	Registered Office Address (MUST BE FLORIDA STREE	<u>l'ADDRES:</u>	<u>5)</u>			
	7044 Glory Rd.			-	202	
	Zephyrhills	L_33540		_	MH 0	ıl (
(b)	Collins, Cecil E.				2020 HAY - 1	٠,
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	ldress:		th Md	, + u
					-	المتست
	NEW Registered Office Address:			- '	23	
	4337 Hawksley PL					
				_		
	Wesley Chapel	L_33545				
change agent v was/we the arti	imited liability company is not organized under the last or 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 members cles of organization or the operating agreement of the Eugene Column Transaction of the Column C	aws of the ne register liability co of the lin e limited l	ed office an ompany, it is sited liability	d the business office of s hereby confirmed that y company or as otherw	the registe the change	red e(s)
	ture of a member or authorized representative of a member			Printed or typed name of s	gnee	
Signa		ree to ac	in this can	acity. I further agree to	- comply w	ith i acc g fi

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

Cecil Eugene Collins

Signature of Registered Agent