## 12000105715

(Requestor's Name)			
(Addre	ess)		
(Addre	ess)		
(City/S	State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Busin	ness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	J. HORNE		
	MAR 2 4 2023		

Office Use Only



800403557398





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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 506089 4726940

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: March 22, 2023

ORDER TIME : 5:08 PM

ORDER NO. : 606089-005

CUSTOMER NO: 4726940

## CHANGE OF AGENT

NAME: KELLY ROOFING FLL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	Kelly Roofing FLL, LLC		
	Na	me of Lim	ited Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Of	ffice Chang	ge and fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter t	o the following:
	Name of Person		
	Firm/Company		<del></del>
	Address		<del></del>
	City/State and Zip Code		
—— <u> </u>	E-mail address: (to be used for future an	inual report	notification)
For fu	rther information concerning this matter	r, please ca	11:
		at (	,
	Name of Person	aı (	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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	g amount:	
	■ \$25 Filing Fee		S55 Filing Fee & Certified Copy
INHS18	8 (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. 1	Name of the limited liability company: Kell	y Roofing FLL, LLC	
2. (a	1360 Rail Head Blvd., Naples, FL 34110	(b) <sup>1</sup>	360 Rail Head Blvd., Naples, FL 34110
2. (0	Principal office address of limited liability (Note: MUST BE STREET ADDR.	company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4/20/2020		0000105715
3.	Date of filing/registration in Flor	rida 4.	Document number
5. (			
	Registered Agent and Registered Office shown on	the records of the Florida De	pt of State:
	1360 Rail Head Blvd.		
	Registered Office Address (MUST BE FLORI	DA STREET ADDRESS)	<b>202</b> :
	Naples	, FL_34110	023 HAR 23 SECRETARY LLAHASSE
<b>/</b> 1-			PH
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addres	<del></del>
	Corporation Service Company		
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee	, FL 32301	
chan; agent was/v	ge or changes <b>are</b> made, the Florida street ad	dress of the registered of la limited liability compared members of the limited liability of the limited liability and the limited liability of the limited liability.	te of Florida, it is hereby confirmed that after the ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.  L. Johnson
-	nature of a member or authorized representative of a n		Printed or typed name of signee
I her provi the or to me notifi		ent and agree to act in t d complete performance as provided for in Chap address, I hereby confi	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	Off Con Control	<u>"                                    </u>	
Signa	ture of Registered Agent		