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12/08/22--01013--065 **25.0

7672 F TO -8 PH 2: 56



4279 S. HWY 27 Suite #600, CLERMONT, FL 34711 (321) 402-4792

12/6/2022

To Whom it may concern,

Attached is the filing to change the address of current registered agent/authorized person detail- Brett Rubin And to make sure the correct address shows in Sunbiz records as the 415 E. Pine St #612 Orlando, Ft 32801 is no longer a valid address.

Thank You

Brett Rubin- MGR & Registered Agent, Koala Roofing LLC

CORRECT ADDRESS

Brett Rubin 4279 S. HWY 27 Suite 600 Clermont, FL 34711

COVER LETTER

Division of Corporations	
KOALA ROOFING LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this man	tter to the following:
BRETT RUBIN	
Name of Person	
KOALA ROOFING LLC	
Firm/Company	
4279 S. HWY 27 SUITE 600	
Address	
CLERMONT, FL 34711	
City/State and Zip Code	
koalaroofing@gmail.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
Brett Rubin at	321 402-4792
Name of Person	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 amo	unt:
■ \$25 Filing Fee	S55 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.

1. N	ame of the limited liability company: KOALA ROOF	ING LLO	C					
2 (a)			(b)					
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)	N	Aniling address o	of limited liability SE POST OFFICE	compa	ıny:
	4279 S HWY 27 SUITE 600			1279 S HW	Y 27 SUITE 6	00		
	CLERMONT, FL 34711		-	CLERMON	NT, FL 34711			
	8/6/2020		L	200002385	91			
3.	Date of filing/registration in Florida	4.	_		Document nu	mber	•	
5. (a)	BRETT RUBIN							
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				:	, v ³¹ , r	2022 DEE	. ;
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	:55)		•	1.*		41 = 3 ·
	415 E. PINE ST #612						ထ	tandadi j
	ORLANDO, F	L_32801			•	TE SEE	PM 2: 56	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	addr	ess:		1.1		
	NEW Registered Office Address:				-			
	4279 S HWY 27 SUITE 600	<u> </u>						
	CLERMONT , F	L_34711						
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the register is the little of the limited	he Second com imited d lia	tate of Flo office and pany, it is ed liability bility com	rida, it is here I the business hereby confir company or	office of the re	giste hang	red e(s)
- 27	ture of a phember or authorized representative of a member	B1	RET	T RUBIN	D: 1 . 1	 		
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change. Jacuary of the change of the content of the	ree to a e perfor ed for in hereby	nct ir man 1 Ch 1 con	this capa ce of my d apter 605, firm that t		I name of signee r agree to comp mailiar with sis document is bility company	oly w and bein has l	ith the accept g filed een