Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000297285 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : INCFILE.COM LLC Account Number: 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE

Certificate of Status 0 Certified Copy 02 Page Count \$25.00 Estimated Charge

SOLUTION FINDERS REMODELING LLC

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Electronic Filing Menu Corporate Filing Menu

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INHS18 (2/14)

	COVER LETTER			
	istration Section ision of Corporations	,		
SUBJECT:	SOLUTION FINDERS REMODE	ELING LLC		
SUBJECT:		ame of Limited Lia	ability Company	
Dear Sir or I	Madam:			
The enclosed	d Registered Agent/Registered C	Office Change and f	fee(s) are submitted for filing.	
Please return	all correspondence concerning	this matter to the fe	ollowing:	
LOVETTE D	POBSON			
	Name of Person			
INCFILE.CO	DM LLC			
	Firm/Company			
17350 STAT	E HWY 249 #220			
	Address		_	
HOUSTON,	TEXAS 77064			
	City/State and Zip Cod	e		
EFILE12346	DINCFILE.COM			
E-mai	l address: (to be used for future a	annual report notifi	cation)	
For further	information concerning this matt	ter, please call:		
LOVETTE	OOBSON	888 at (462-3453	
	Name of Person		Area Code & Daytime Telephone Number	
	niling Address: gistration Section		Street Address: Registration Section	
	vision of Corporations		Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tal	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enc	closed is a check for the follow	ing amount:		
₩ 5	\$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy	

(((H22000297285 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000297285 3)))

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: SOLUTION FIN	NDERS REMOI	DELING LLC
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4440 Merrimac Avenue Suite 4	476	58 Riverine Drive
	Jacksonville, FL 32210	Jac	ksonville, FL 32210
	08/28/2020	1.200	000268461
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Registered Agent and Registered Office shown on the records	Cthe Florida Dep	4. of State:
	LEGALING CORPORATE SERVICES INC		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	gand VEW
	5237 SUMMERLIN COMMONS SUITE 400		2022
		33907	FILED 2022 AUG 31 AM 18: 03 FALL ALLASSFE, FLORID ALLASSFE, FLORID
	PORT MITERS	"L	
(h)			
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addres	EU AM BO:
	Kelly Berube		oring pros
	NEW Registered Office Address:		
	4768 Riverine Drive		
	Jacksonville	FL	
chang agent was/v the ar Sign I her provii the oil	limited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the limited accept the appointment as registered agent and a signs of all statutes relative to the proper and completing attentions of my position as registered agent as provided in the registered office address, and in writing of this change.	he registered or liability compa s of the limited he limited liabi Kelly Be	ffice and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Printed or typed name of signee this capacity. I further agree to comply with the
<u>K</u> a	lure of Registered Agent		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 (((H22000297285 3)))