

L20 000298542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

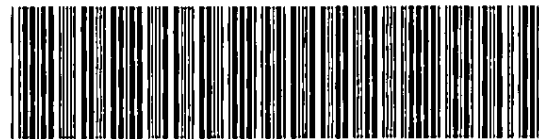
(Business Entity Name)

(Document Number)

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MAY 15 2021

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tier 1 Auto Glass

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John E. Drier

Name of Person

Tier 1 Auto Glass, LLC

Firm/Company

1819 Wharf Rd.

Address

Sarasota, FL 34231

City/State and Zip Code

admin@tier1autoglass.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Drier

941 870-8700
at (_____) _____

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Tier 1 Auto Glass

2. (a) 1819 Wharf Rd. (b) 1819 Wharf Rd.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)

Sarasota

FL 34231 FL 34231

09/22/2020 L20000298542

3.	Date of filing/registration in Florida	4.	Document number
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5. (a) UNITED STATES CORPORATION AGENTS, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. SEMORAN BLVD.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 36 28 17

Orlando _____, FL 32822

(b) John E. Drier

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1819 Wharf Rd.

NEW Registered Office Address:

Sarasota, FL 34231

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member _____

John E. Drier _____

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

FILING FEE: \$25.00

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