L21000073972

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

Office Use Only





600393134106

09/29/22 -81018--007 ******25.00

22 AUG 29 PH 4: 29

COVER LETTER

Division of Corporations	
T & R GRADING LLC SUBJECT:	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
COLTON STOSSEL	
Name of Person	
KRATER AND ASSOCIATES LLC	
Firm/Company	22 A
1323 VISCAYA PKWY	AUG 29
Address	
CAPE CORAL FL 33990	P # #:
City/State and Zip Code	29
COLTON@KRATERTAX.COM	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
COLTON STOSSEL 23	9 574-1040
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

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.

l. Na	me of the limited liability company: T & R GRADIN	G LLC					
2. (a)	10961 PIONEER RD	(b)	(b) 10961 PIONEER RD				
<u>.</u> . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) NORTH FORT MYERS, FL 33917				
	NORTH FORT MYERS, FL, 33917						
	08/25/2022		210000739	72			
3.	Date of filing/registration in Florida	4.		Document number	 		
	EVOLVE TAX & ACCOUNTING FL LLC 5237						
5. (a) (b)	Registered Agent and Registered Office shown on the records of	:					
	egistered Office Address (MUST BE FLORIDA STREET ADDRESS) UMMERLIN COMMONS BLVD				22 AUG	JAKE	
	FT MYERS , F	₹L			JG 29	- 보다 무장도	
	KRATER AND ASSOCIATES LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				PH 4: 29	Y OF THE STATE OF A ST	
	NEW Registered Office Address:			•			
	1323 VISCAYA PKWY						
	CAPE CORAL, I	FL		_			
change agent was/w the-art	imited liability company is not organized under the le or changes are made, the Florida street address of the cill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members in organization or the operating agreement of the	he registered liability con s of the limit he limited lia	nottice and appropriate is a second to the s	hereby confirmed that company or as other pany.	of the registration in the change	ge(s)	
, .	ture of a member or authorized representative of a member	\supset		Printed or typed name of	_		
I here provis the obs to mer notifie	by accept the appointment as registered agent and as ions of all statutes relative to the proper and completing the statutes relative to the proper and completing the statutes of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	gree to act i gree performan led for in Cl I hereby con	n this capa ace of my a apter 605, afirm that t	icity. I further agree i luties, and I am famili F.S. Or, if this docu he limited liability co.	to comply viar with and ment is bein mpany has	with the l accept ng filed been	
Signate	re of Registered Agent						