

Handwritten text: K2: 000 000 74?

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

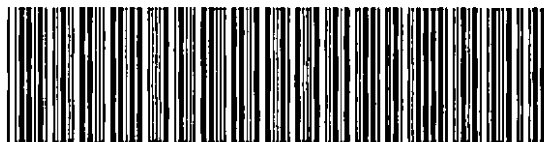
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

663-



100390065221

100390065221
06/27/22--01046--012 **35.00

2022 OCT 17 PM 12:57

af 10/17/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONOLITHIC BUILDING SYSTEMS LLC
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:

JODY MOUA

Name of Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DRIVE #100

Address

SACRAMENTO, CA 95833

City/State and Zip Code

PARACORP@MYPARACORP.COM

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

For further information concerning this matter, please call:

JODY MOUA

Name of Person

at (888) 418-8863

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2022

JODY MOUA
2804 GATEWAY OAKS DRIVE #100
SACRAMENTO, CA 95833

SUBJECT: MONOLITHIC BUILDING SYSTEMS LLC
Ref. Number: L21000129749

We have received your document for MONOLITHIC BUILDING SYSTEMS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 422A00021199

OCT 17 2022

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.

MONOLITHIC BUILDING SYSTEMS LLC

1. Name of the limited liability company: _____

2. (a) 34990EMERALD COAST PKWY (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

STE. 335 DESTIN, FL 32541

3/19/2021

L21000129749

3. Date of filing/registration in Florida

4. Document number

5. (a) HAND ARENDALL HARRISON SALE, LLC

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

35008 EMERALD COAST PKWY STE 500

DESTIN

FL 32541

(b) PARACORP INCORPORATED

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

NEW Registered Office Address:

155 OFFICE PLAZA DRIVE, 1ST FLOOR

TALLAHASSEE

FL 32301

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.

Annette Rubin
Signature of member or authorized representative of a member

ANNETTE RUBIN, MANAGER

Printed or typed name of signee

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.

M. Jody Mara, Asst. Secretary
Signature of Registered Agent

2022 OCT 17 PM 12:57