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## COVER LETTER

Division of Corporations	
SUBJECT: ROOF Heroes Name of Limited Liab	LLC pility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	llowing:
Jacob Hulsey Name of Person	-
Roof Heroes LLC Firm/Company  3545 72~d Ave NE  Address	-
3545 72" AVE NE	<u>-</u>
Naples, FL 34120 City/State and Zip Code	_
E-mail address: (to be used for future annual report notification)	ition)
For further information concerning this matter, please call:	
Jacob Halsey at 239 Name of Person	) 287-5322 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

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

TO:

## 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. Name of the limited liability company: Roof Heroes LLC
1. Name of the limited liability company: 100+ Heroes LC
2. (a) 3545 72~dAve NE Naples, FL. (b) 3545 72~d AVENE Naples FL
Principal office address of limited liability company: 34120  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company: 34120  (Note: MAY BE POST OFFICE BOX)
$\frac{3/2a/2021}{2}$ Dale of filing/registration in Florida  4. Document number
3. Dale of filing/registration in Florida 4. Document number 5. (a) ELizabeth Calzabilla
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
160 S UNIVERSITY DR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  SUITE A  Plantation  El 32724
Plantation FL 33324
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  160 S UNIVERSITY DR  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  SUITE A  Plantation FL 333324  (b) Jacob Halsey
Enter name of NEW Registered Agent and or NEW Registered Office address:
3545 72 <sup>ND</sup> Ave NE  NEW Registered Office Address:
Marie Registered Office Address:
Naples ,FL 34120
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.
To and Warland
Signature of a member or authorized representative of a member  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