

L21000179423

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H22000411816 3)))



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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : INCFILE.COM LLC  
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Phone : (888)462-3453  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
RELIABLE TRADESMEN, LLC**

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RELIABLE TRADESMEN, 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:

LOVETTE DOBSON

\_\_\_\_\_  
Name of Person

INCFIL.COM LLC

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 #220

\_\_\_\_\_  
Address

HOUSTON, TEXAS 77064

\_\_\_\_\_  
City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

\_\_\_\_\_  
Name of Person

888

462-3453

at (\_\_\_\_\_) \_\_\_\_\_

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

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000411816 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. Name of the limited liability company: RELIABLE TRADESMEN, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
7813 CHAPERON CT  
TAMPA, FL 33637

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
7813 CHAPERON CT  
TAMPA, FL 33637

3. 04/19/2021 Date of filing/registration in Florida

4. L21000179423 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ENRIQUE J RODRIGUEZ MOREJON

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7813 CHAPERON CT

TAMPA, FL 33637

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

REPUBLIC REGISTERED AGENT LLC

NEW Registered Office Address:

1150 Nw 72nd Ave Tower I Ste 455

Miami, FL 33126

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.

Enrique J Rodriguez Morejon  
Signature of a member or authorized representative of a member

ENRIQUE J RODRIGUEZ MOREJON  
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.

Shavette Johnson  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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2022 DEC - 7 AM 11:27  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA