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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE SUNCOAST WELDING & FABRICATION LLC

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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.	Na	me of the limited liability company: SUNCOAST	WEL	DING &	FABRICATION	LLC		_
2. (a	٠,١	2221 8TH ST.	(b) 2221 8TH ST.					
<u> </u>	.1.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited (Note: MAY BE POST)			_
		2		2				_
		SARASOTA, FL 34237	_	SARAS	OTA, FL 34237			_
	06/02/2021	L210002560 4 4						
3.		Date of filing/registration in Florida	4.		Document number			_
		UNITED STATES CORPORATION AGENTS	S. INC.					
5. ((a)		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 A	-					
		36				₹.	~>	
			2202	.	_		2021 JUN I	
		ORLANDO	3282		-	77. 11. 12.	رِيّ	-11
,	h)	Registered Agents Inc.		28.E		;=		
(b)		Enter name of NEW Registered Agent and/or NEW Registered	_		A			
		7901 4th St N					-1- -8: -1-	
		NEW Registered Office Address:			38 4	+-		
		STE 300			_			
		St. Petersburg	3370	2	_			
the age: was	cha nt s Ac	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o iclos of organization or the operating agreement of the	the regi ibility c f the lir limited	istered offic ompany, it i nited liabilii	e and the business of is hereby confirmed th ty company or as other	at the ch	ange(s)	
Si	gna	ture of a member or authorized representative of a member	-		Printed or typed name of	f signee		_
I he pro the to n	ere vis ob ner ifje	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I discripting of this change. Bill Havre - Assistant of Registered Agent	for in lereby o	Chapter 60 Confirm that	5. F.S. Or. if this doct	ument is i	being fil	ed.