

L21 000 269 849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

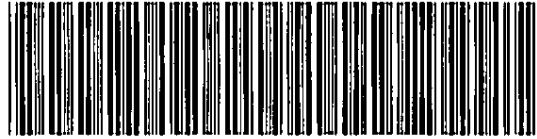
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

ef 12/6/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & T DOOR SOLUTIONS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK H. RUFF, ESQ.

Name of Person

THE LAW OFFICES OF MARK H. RUFF, P.A.

Firm Company

165 SABAL PALM DRIVE, SUITE 135

Address

LONGWOOD, FLORIDA 32779

City/State and Zip Code

EFILINGS@MHRLAW.COM

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

For further information concerning this matter, please call:

LILLIAN GARCIA

407

951-6679

at (_____) _____

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

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: D & T DOOR SOLUTIONS LLC

2. (a) _____ Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) <u>230 LAKE VIEW DR</u> <u>SANFORD, FL 32773</u>	(b) _____ Mailing address of limited liability company: (<i>Note: MAY BE POST OFFICE BOX</i>) <u>230 LAKE VIEW DR</u> <u>SANFORD, FL 32773</u>
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3. <u>05/25/2021</u> Date of filing: registration in Florida	4. <u>L21000269849</u> Document number
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5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
THE LAW OFFICES OF MARK H. RUFF, P.A.
 Registered Office Address: (*MUST BE FLORIDA STREET ADDRESS*)
630 N. WYMORE RD., SUITE 330
MAITLAND, FL 32751

(b) _____
 Enter name of NEW Registered Agent and or NEW Registered Office address:
MARK H. RUFF, ESQ., THE LAW OFFICES OF MARK H. RUFF, P.A.
NEW Registered Office Address:
165 SABAL PALM DRIVE, SUITE 135
LONGWOOD, FL 32779

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 TALLAHASSEE, FL

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.

Kim Oakley-Brown
 Signature of a member or authorized representative of a member

KIM OAKLEY-BROWN
 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]
 Signature of Registered Agent