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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (367)200-2803 Fax Number : (813)436-5206

\*\*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 NORTH SOUTH DRYWALL REPAIR, 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.	Name of the limited liability company:  North South Dryv	vall Repair LLC	
2. (a	)	(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)
	05/05/22		00214010
3.	Date of filing/registration in Florida	4.	Document number
	, INC AUTHORITY RA		
5. (8	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:
	390 NORTH ORANGE AVE., STE 2300-N	, ,,,,, , , , , , , , , , , , , , , ,	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
	3		202
	ORLANDO FI	32801	2024 APR 10
(b	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
	7901 4th St N		27
	NEW Registered Office Address:	<del> </del>	
	STE 300		
	St. Petersburg	33702 	
the clagent was/v the ar	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered iability compa of the limited a limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	Ruda we June 19 takes a nature of a member	Robin Jon	
			Printed or typed name of signee
provi the or to me natifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ely in writing of this change.	e performance ed for in Chap hereby confiri	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
7"5 ()	David Roberts - Assistant S	Secretary	