## 122000272728

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

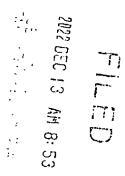
Office Use Only

A. RIVERS
MAR 2 - 2023



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12/13/22--01006--003 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations					
ITN DRYWALL LLC SUBJECT:					
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 r	natter to the following:				
JUSTIN MUNIZZI					
Name of Person	<del></del>				
MUNIZZI LAW FIRM					
Firm/Company	<del> </del>				
101 N WOODLAND BLVD SUITE 601					
Address					
DELAND, FL 32720					
City/State and Zip Code					
LEGAL@MUNIZZILAW.COM					
E-mail address: (to be used for future annua	l report notification)				
For further information concerning this matter, pl	ease call:				
JUSTIN MUNIZZI	407 501-5500 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 an	nount:				
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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. N	ame of the limited liability company:ITN DRYWAL	L LLC	
2. (a)		Œ	(b)
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	710 PHILLIP ST 800		710 PHILLIP ST 800
	KISSIMMEE, FL 34741		KISSIMMEE, FL 34741
	06/15/2022		L22000272728
3.	Date of filing/registration in Florida	4.	Document number
5 (6)	LEGALCORP SOLUTIONS, LLC		
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	da Dept. of State:
	LEGALCORP SOLUTIONS, LLC		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u></u>
	3440 W HOLLYWOOD BLVD. SUITE 415		
	HOLLYWOOD	33021	<del></del>
	,		
(b)			
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	
	THE MUNIZZI LAW FIRM		2022 DE C
	NEW Registered Office Address:		
	1120 N. RONALD REAGAN BOULEVARD		<u> </u>
	LONGWOOD	FL_32750	AH 88
chang agent was/w the an	limited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the ne registere liability co s of the lim ne limited l	e State of Florida, it is hereby confirmed that after the red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to men notific	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completed by the proper and completed in the proper and completed in the registered agent as provided in the registered office address, and in writing of this change.	gree to act e perform led for in ( I hereby co	•••
Signat	ure of Registered Agent		