L22000324081

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Do	ocument Number)					
Certified Copies	_ Certificate:	s of Status				
Special Instructions to	Filing Officer:					

Office Use Only



600403901006

2023 KAR -8 KATO: 45

RECEIVED
2023 MAR - 8 AM II: 33

200

ALLAHASSEE, FLOR

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 558980 1 8407937						
REFERENCE : 558980 8407937 AUTHORIZATION :						
COST LIMIT : \$ 25.00						
ORDER DATE: March 8, 2023						
ORDER TIME : 10:10 AM						
ORDER NO. : 553980-005						
CUSTOMER NO: 8407937						
CHANGE OF AGENT						
NAME: FLORIDA DRAIN-LINING SOLUTIONS, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland-sorenson EXT#						

EXAMINER:

COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	FLORIDA DRAIN-LINING SOLUT	ION, LLC	
		e of Limited Li	ability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.
Please return	n all correspondence concerning this	matter to the f	following:
Sandi Hunt			
· <u></u>	Name of Person		<u> </u>
FLORIDA D	PRAIN-LINING SOLUTIONS, LLC		
	Firm/Company		_
210 FIELD	STREET		
· · · · · · · · · · · · · · · · · · ·	Address		
SARASOTA	A, FL 34240		
	City/State and Zip Code		
SHunt@fixn	nyleaks.com		
E-mail	address: (to be used for future annu	al report notific	cation)
For further i	nformation concerning this matter, p	olease call:	
Sandi Hunt		941 at (308-5325 x-110
	Name of Person	(Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the following a	imount:	
\(\) \$	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS18 (2/14	1)		

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: FLORIDA DRA	AIN-LINII	٧G	SOLUTIO	NS, LLC			
2. ((a)	210 FIELD END STREET, SARASOTA, FL 34240		(b)	210 FIEL	D END STREET, S	SARAS	SOTA,	FL 34240
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of lim (Note: MAY BE PC		-	
3.		Date of filing/registration in Florida	 	<u> </u>	CFC14299	19 Document numbe	r		
5. (a)	(a)	Registered Agent and Registered Office shown on the records of DEBORAH VINELL LACY	f the Flori	da I	Dept. of State	- ::			
		Registered Office Address (MUST BE FLORIDA STREET) 210 FIELD END STREET	<u>ADDRES</u>	<u>SS)</u>					
		SARASOTA	34240			-			
(b)		Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	d Office a	-ddı	<u>'ess</u> :		,	2023 HAR -8 F	e e e e
		NEW Registered Office Address:						<u> </u>	
		1201 Hays Street				-	' : ' :	9h :0i HiV	
		Tallahassee, F	L_32301			_			
char ager was the	nge nt w /we artic	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited be authorized by an affirmative vote of the members cles of organization or the operating agreement of the /s/Pamela Stolz	e registe iability c of the lii	red om mit	office and pany, it is ed liability	I the business offic hereby confirmed company or as ot pany.	e of th that th herwis	ne regis ne chan se prov	tered ge(s)
I he prov the to m	reh visio obli igre	ny accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, It in writing of this change. What - Janson, MP	ree to ac e perforn ed for in hereby c	et in nam Ch con	i this capa ce of my d apter 605, firm that ti	acity - I further agr	ee to c	amnly	with the ad accept ing filed been
<u>I Δ</u> Sigr	1atur	e of Registered Agent							