122000 311934

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
SEP 19 2024						

Office Use Only



200436455462

09/16/24--01016--025 **25.00

2024 SEP 16 PH12: 3

COVER LETTER

		FILEN				
TO:	Registration Section Division of Corporations			FILED 2024 SEP 16 PH 12: 35		
	121VISION OF COMPONITIONS			F ,		
SUBJ	ECT: Wood Services LLC			, S. F.		
	Nan	ne of Limite	ed Liability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitte	ed for filing.		
Please	return all correspondence concerning th	is matter to	the following:			
Jeff W	ood					
	Name of Person					
Wood	Services LLC					
	Firm/Company					
10 Ca	mellia Park					
	Address					
Tusca	loosa, AL 35401					
	City/State and Zip Code					
JeffWo	ood@woodtechservices.com					
<u>-</u>	E-mail address: (to be used for future ann	ual report r	notification)			
For fu	rther information concerning this matter,	please call	:			
Jeff W	pod	at (870	2061304			
	Name of Person	\	Area Code & Da	ytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING ADDRES	SS:		
	Registration Section		Registration Section			
Division of Corporations			Division of Corporati	ons		
	Clifton Building		P.O. Box 6327	22214		
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 3	52314		
	Enclosed is a check for the following	amount:				
	☑ \$25 Filing Fee		3 \$55 Filing Fee & Ce	rtified 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.

I. Na	me of the limited liability company: Wood Services LL	-C					
2. (a)		(t	o)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited (Note: MAY BE POST	Hiability co	ompany:	:
	7901 4th St N STE 300	_	7901 4th St N STE 300				
	St. Petersburg, FL 33702	_	St. Petersburg, FL 33702				
	08/29/2022		L22000377	394			
3.	Date of filing/registration in Florida	4.		Document number	•		
5. (a)	UNITED STATES CORPORATION AGENTS, INC						
J. (a)	Registered Agent and Registered Office shown on the records of	 ite:					
	7901 4th St N						
	Registered Office Address (MUST BE FLORIDA STREET)	_					
	STE 300						
	St. Petersburg FL	33702		_	•	2024 SEP	
(b)	David Roberts				-	EP 16	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_			
	7901 4th St N				.T. .(/)	골 3:	D
	NEW Registered Office Address:			_		_	
	STE 300	 					
	St. Petersburg	33702					
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability confirmation of the limited l	stered offic ompany, it sited liabili	te and the business off is hereby confirmed the ty company or as other	fice of the	e regis ange(s	tered s)
Signa	ture of a member or authorized representative of a member			Printed or typed name of	of signee		
provisi the obl to mere natified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change.	perform d for in (hereby c	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree duties, and I am fami 15, F.S. Or, if this doc t the limited liability c	e to comp iliar with sument is company i	ly with and ac being ias bei	the ecept filed en
wid De	David Roberts - Assistant Sorre of Registered Agent	ecretary					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00