## 123000023614

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11/18/23--01010--003 \*\*25.00

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SORIANO ROOFING Name of Limit	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
JE505 SORIANO Name of Person	
ИА	
Firm/Company	
3000 CLAKCONA ROAD LOT.	<u>1030</u>
APOPKA FIDIZIDA 307C City/State and Zip Code	<u>.</u>
E-mail address: (to be used for future annual report	Nt.CONI notification)
For further information concerning this matter, please ca	11:
Name of Person at ( A)	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
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:SORIA	NO R	ROOFING LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	(.ot. (o30	_	LOT. 630
	APODICA FLORIDA 30703	_	APOPICA FLORIDA 30703
	01/11/2023	_	L33000033014
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Registered Agent and Registered Office shown on the records of the	ne Florida I	a Dept. of State:
	Registered Office Address MUST BE FLORIDA STREET A.	DDRESS)	บ
	LAKE MARY FL	3.5	)74 <u>16</u>
(b)	JESUS SORIANO		
(-,	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	dress:
	3COO CLARCONA ROAD  NEW Registered Office Address:		
	<u> </u>		
	<u>APOPKA</u> .FL	35	<u> </u>
chang agent was/w the and Signal I here provise the object of meinotific	limited liability company is not organized under the laws or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of ioles of organization or the operating agreement of the liable of a member or authorized representative of a member by accept the appointment as registered agent and agree ligations of my position as registered agent as provided the proper and complete purposes of my position as registered agent as provided the proper and complete purposes of my position as registered agent as provided the proper and complete purposes of this change.	registered bility con the limit imited lia	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.  TESUS SOITANES  Printed or typed name of signee
Signat	ife of Registered Agent		