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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE **BOLIS EPOXY JOBS LLC**

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MAY 0 1 2024

K. Brumbley

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: BOLIS EPOXY	JOBS LL	С	
2. (a)	817 SE 8TH PLACE	((b) 817 SE 8TH PLACE	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(, 	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CAPE CORAL, FL 33990	<u> </u>	CAPE COR	AL, FL 33990
	05/01/2024		L2300015040)2
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.			
J. (u)	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	of the Florid	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES.	<u>27</u>	
	JACKSONVILLE, F	L		
(b)	Corporate Creations Network Inc.			2024 H1 Y
(*,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ac	ldress:	en g en g
	801 US Highway I			<u>-</u>
	NEW Registered Office Address:			2: 2
	North Palm Beach	L_33408		Ġ
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited letere authorized by an affirmative vote of the members icles of organization or the operating agreement of the strand of the s	aws of the ne register liability co of the lin e limited	ed office and ompany, it is l nited liability liability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signi	nure of a member or authorized representative of a member			Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agenty