

L23000473183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

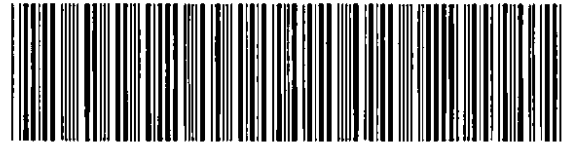
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/24--01023--002 **35.00

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2024 NOV 14 PM 4:06
CLERK OF COURT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXTREME ROOFING SOLUTIONS, LLC
Name of Corporation

DOCUMENT NUMBER: 1.23000473183

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Allen Mills

Name of Contact Person

EXTREME ROOFING SOLUTIONS, LLC

Firm/Company

~~555 GREENBRIAR ROAD~~ 12574 Flagler Center Blvd Suite 101 #1016

Address

~~JACKSONVILLE, FL 32250~~ Jacksonville, FL 32258

City/State and Zip Code

jeffrey.mills@extmereroofingsolutions.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Allen Mills

Name of Contact Person

at (904)

588-8265

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EXTREME ROOFING SOLUTIONS, LLC
2. The principal office address: 555 GREENBRIAR ROAD
JACKSONVILLE, FL 32259
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/16/2023 Document number: 123000473183
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeffrey Allen Mills

~~555 GREENBRIAR ROAD~~ 12574 Flagler Center Blvd Suite 101 #1016
~~JACKSONVILLE FL FL~~ Jacksonville, FL 32258

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brittany Joyce Mills

4655 Salisbury Road, Suite 200

P.O. Box NOT acceptable

Jacksonville, Florida 32256

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2024 NOV 16 PM 9:00

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jeffrey Mills
Signature of an officer or director

11/12/24

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Brittany Mills

Signature of Registered Agent

03/20/2024

11/12/24

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)