

10/7:24, 9:13 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L23000506174**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000337257 3)))



H240003372573ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : URS AGENTS LLC  
Account Number : 120150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

RECEIVED  
2024 OCT -8 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
FLOODPROOFERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2024 OCT -8 11:2:18

Electronic Filing Menu Corporate Filing Menu Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLOODPROOFERS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOELLE CHURIK  
Name of Person

URS AGENTS, LLC  
Firm/Company

3675 CRESTWOOD PKWY  
Address

DULUTH, GA 30096  
City State and Zip Code

sop@ursagents.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOELLE CHURIK at ( 800 ) 567-4397  
Name of Person 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

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. Name of the limited liability company: FLOODPROOFERS LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1250 NE 87TH STREET MIAMI, FL 33138 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1250 NE 87TH ST MIAMI, FL 33138

3. Date of filing/registration in Florida 11/07/2023 4. Document number L23000506174

5. (a) COGENCY GLOBAL INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 115 NORTH CALHOUN STREET SUITE 4 TALLAHASSEE, FL 32301

(b) URS AGENTS, LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 3458 LAKESHORE DR. TALLAHASSEE, FL 32312

2024 OCT 8 PM 2:48

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ashley Kalus Signature of a member or authorized representative of a member ASHLEY KALUS Printed or typed name of signer

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.

Joville Church Signature of Registered Agent