

MO4000004315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 MAY 24 PM 2:58

CLERK OF STATE
TALLAHASSEE, FLORIDA

BRUCE

MAY 25 2010

EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: FIRESTOP INTERNATIONAL LLC
2. (a) Principal office address of limited liability company: 649 PAPWORTH AVENUE
☒ (Note: **MUST BE STREET ADDRESS**) METAIRIE LA 70005
- (b) Mailing address of limited liability company: FIRESTOP INTERNATIONAL LLC
☐ (Note: **MAY BE POST OFFICE BOX**) 649 PAPWORTH AVENUE
METAIRIE LA 70005

3. Date of filing/registration in Florida: 04/29/2010
4. Document number: M04000004315

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

Registered Agent: TED SMITH

Registered Office Address: 1117 TAPESTRY DRIVE
CELEBRATION FL 34747

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: DOUGLAS J ROBERTS ESQ

NEW Registered Office Address: STEARNS & ROBERTS SUITE 552
(MUST BE FLORIDA STREET ADDRESS) 1000 SAWGRASS CORPORATE PKWY
FT LAUDERDALE FL 33323

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.

Art Schott - Controller
Signature of a member or authorized representative of a member

ART SCHOTT - CONTROLLER
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 608, 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]
Signature of Registered Agent

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