M09000001207

(Requestor's Name)					
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(0-	A Diversion of the second				
(00	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	Office Use On	1			



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CEGRETARY OF STATE

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CSC - WILMINGTON
.251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: August 5, 2020

Order#: 363441-009

Re: INTERSTATE RESTORATION LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX __ Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

* 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.

Name of the limited liability company: INTERSTATE RESTORATION, LLC					
 (117	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3401 Quorum Drive Suite 300		3401 Quo	orum Drive Suite 300	
	Fort Worth, TX 76137		Fort Wort	h, TX 76137	
	03/26/2009		M0900000	1207	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of Stat	- e:	
	Registered Agent Solutions, Inc.				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	155 OFFICE PLAZA DR., SUITE A				
	TALLAHASSEE	L_32301		_	
	,	ا،		-	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	<u>idress</u> :	-	
	Corporation Service Company				
	NEW Registered Office Address:			-	
	1201 Hays Street			_	
	Tallahassee .	32301			
	. I	1		-	
change agent v was/w	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne register liability co s of the lin	ed office and ompany, it is nited liability	If the business office of the registered shereby confirmed that the change(s) company or as otherwise provided in	
	Stacy Mazur	Sta	icy Mazur, M		
-	iture of a member or authorized representative of a member			Printed or typed name of signee	
provisa the obj to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address, a d in writing of this change.	gree to ac le perform led for in l I hereby c	t in this cape ance of my c Chapter 605 onfirm that t	ncity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Signatu	irc of Registered Agent Grade E. Kirby, Asst. Vice Preside	nt of Corpo	ration Service	e Company	