M1300000988

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| _ | sion of C | Section Corporations | | | | |
|--|-----------|---|---|--------------|--|-------|
| SUBJECT: | ADVA | NCED BUILDERS & F | REMODELERS | OF NO | RTH FLORIDA, LLC | |
| | * | Name of Fore | ign Limited Lia | bility Com | pany | |
| Dear Sir or N | Madam: | | | | | |
| The enclosed | d applica | tion, certificate and fee(s | a) are submitted | for filing. | | |
| Please return | all corr | espondence concerning t | his matter to the | following | | |
| Uabbia. | \ | الما | | | | |
| Hobbie | AALIG | | | | | |
| • | | Name of Person | | | | |
| | | Firm/Company | | _ | | |
| 3407 Q | UIC | K DRIVE | | | | |
| ··· · · · · | | Address | | _ | | |
| TALLA | HAS | SEE, FL 32311 | | | ALLAH | 3 200 |
| City/State and Zip Code | | | _ | 76. ± | | |
| michele | e.johr | nston@jimbenr | netts.com | | विकेश हैं। हैं सुरात | 1 |
| | | be used for future annua | | ition) | | |
| | | | | | ¥:· | ا به |
| | | on concerning this matter | | - 4 4 | 0044 | |
| Hobbie | | | _ _{at (} 850 | _) | -2214 | |
| | Name | e of Person | Area Code | e & Daytir | me Telephone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a \$25 Filing | | for the following amous □ \$30 Filing Fee & Certificate of Status | 🗅 \$55 Filin | | □ \$60 Filing Fee, Certificate of Statu Certified Copy | ıs & |

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

| 1. The name of the limited liability companded became being the limited liability companded by the limited liability liab | y as it appears on the records of the Florida ders + Remodelers of North Flor | rda,L | يد |
|--|--|--------|----|
| 2. This entity was formed under the laws of | N_{\perp} | • | |
| 3. This entity was authorized to transact but and its Florida document/registration number | siness in Florida on <u>02/14/13</u> er is <u>M13000000988</u> | | |
| 4. The name and address of each manager of | or managing member is as follows: | | |
| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | |
| MGRM | 12/07 Duck Brise Tallshossee FL 323 11 | | |
| | 77 SEC | 13 AUS | |
| | 59 | -0 Pi | |
| | | 3:25 | • |
| |] | | |
| Required Signature: Signature of Manager, | Managing Member or Member | | |
| Filing | Fee: \$25 | | |

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 liability company submits the following statement in or agent, or both, in the State of Florida. | .508, Florida Statutes, the undersigned limited der to change its registered office or registered |
|--|--|
| 1. Name of the limited liability company: | ed builders + Remodders of |
| 2. (a) Principal office address of limited liability comparts (Note: MUST BE STREET ADDRESS) | 10 Jahassee, FL 3231 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | <u>same</u> |
| 3. Date of filing/registration in Florida | 1. Document number |
| 5. (a) Registered Agent and Registered Office shown of | n the records of the Florida Dept. of State: |
| Registered Agent: | United CRS |
| Registered Office Address: | 327 Hollow Creek LN. HAVara, FL 32333 |
| (b) Enter name of NEW Registered Agent and/or N | EW Registered Office address: |
| NEW Registered Agent: | Hobbie Wright. |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 3407 Peick Drive |
| | Blaksece ,FL 323/ |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as others the operating agreement of the limited liability company. | Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or |
| Hobbie Wright | |
| Signature of a member or authorized parecentative of a member | The property of the property o |
| Pinnes of typher hamm od sighes | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compand | l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change. |
| Division of Corporations, P.O. Box | 6327, Tallahassee, FL 32314 |

FILING FEE: \$25.00