

MI7 000004656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

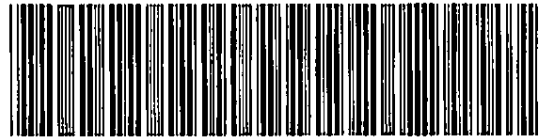
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/01/20-- 01022--002 **25.00

2:20 JUN 28 PM 2:07

JUL 08 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 23 11:50:03

June 17, 2020

JORDAN MCCLARAN
109 WHITE OAK RD
GREENVILLE, SC 29609

RECEIVED

JUN 29 2020

SUBJECT: SOUTHERN DISASTER RECOVERY, LLC
Ref. Number: M17000004656

We have received your document for SOUTHERN DISASTER RECOVERY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 820A00012014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Disaster Recovery, 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:

Jordan McClaran

Name of Person

Southern Disaster Recovery

Firm/Company

109 White Oak Road

Address

Greenville, SC 29609

City/State and Zip Code

jordan@southerndr.com

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

For further information concerning this matter, please call:

Teresa Smith

864

469-9776

at ()

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: Southern Disaster Recovery, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

109 White Oak Road
Greenville, SC 29609

109 White Oak Road
Greenville, SC 29609

05/27/20

M17000004656

3. _____
Date of filing/registration in Florida

4. _____
Document number

5. (a) Chip Patterson

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1532 Quail Roost Lane

Jacksonville, FL 32220

(b) Registered Agents Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:


7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702


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.


Signature of a member or authorized representative of a member

Al McClaran

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.

 Bill Havre - Assistant Secretary
Signature of Registered Agent

7:28 JUN 28 PM 2:07