

M18000001699

(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:

Office Use Only



500320081175

10/29/18--01023--027 **25.00

FILED
18 OCT 29 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BL. VORISEK

NOV 15 2018



First Corporate
solutions

October 24, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Travis Roofing Supply of Louisville, LLC / Order Number: LD2131473

Dear FL Registration Section,

Enclosed herewith, please find a Statement of Change of Registered Agent and a check in the amount of \$25.00 to be filed with your office on a routine basis.

Please return 1 file stamped copy of the filed evidence in the enclosed self-addressed envelope.

Should you have any questions or concerns, please do not hesitate to contact me at (844) 392-7588 or via email at raservices@ficoso.com.

Sincerely,

Brandon Sjelin
Administrative Assistant
(844) 392-7588
raservices@ficoso.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAVIS ROOFING SUPPLY OF LOUISVILLE, 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:

BRANDON SJELIN

Name of Person

FIRST CORPORATE SOLUTIONS, INC.

Firm/Company

12631 IMPERIAL HIGHWAY, F-106

Address

SANTA FE SPRINGS, CA 90670

City/State and Zip Code

RASERVICES@FICOSO.COM

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

For further information concerning this matter, please call:

BRANDON SJELIN

Name of Person

844

at ()

392-7588

Area Code & Daytime 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 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: TRAVIS ROOFING SUPPLY OF LOUISVILLE, LLC
2. (a) 2931 S FLOYD ST (b) 5010 BURLESON RD

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

LOUISVILLE, KY 40209

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

AUSTIN, TX 78744

02/19/2018

M18000001699

3. Date of filing/registration in Florida 4. Document number

5. (a) MCNEILL, GREG

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

215 NORTH EOLA DR

Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

ORLANDO, FL 32801

- (b) FIRST CORPORATE SOLUTIONS, INC.

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

155 OFFICE PLAZA DRIVE

NEW Registered Office Address:

TALLAHASSEE, FL 32301

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.

Michael Boy
Signature of member or authorized representative of a member

Michael Boy
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.

Michael Boy
Signature of Registered Agent

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

FILED
18 OCT 29 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA