3/26/2020

**Division of Corporations** 



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## LLC REGISTERED AGENT CHANGE ALLOY CLADDING COMPANY, LLC

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## 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. N	aine of the limited liability company: ALLOY-CLADDI	NG COM	PANY, LLC	
2. (a)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	15850 Guild Ct.		15850 Gui	id Ct.
	Jupiter, FL 33478-6436		Jupiter, FI	_ 33478-6436
	12/12/2018		M18000011	183
3.	Date of filing/registration in Florida	4.	<del>,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Document number
5. (a)	F&LCORP.			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	2020
	Registered Office Address - <u>(MUST BE FLORIDA STREET)</u> 1 INDEPENDENT DRIVE, SUITE 1300	<u>(ODRESS</u>	'i	2020 HAR 26
(b)	JACKSONVILLE FL.	32202		6 H
	C T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered	Office nd-	dress:	一一
	NEW Registered Office Address:		<u>, , , , , , , , , , , , , , , , , , , </u>	
	1200 South Pine Island Road		*. <del></del>	
	Plantation FL	33324		
the cha agent was/w the art	imited liability company is not organized under the law unge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the erre of a member or authorized representative of a member	ws of the the regisability confithe limited l	stered office ompany, it is ited liability iability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  **Diffusion typed pane of signee points. I further garge to comply with the
provis the ob- to mer notific Bv:	ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, it is considered of the proper and complete in writing of this change.  C.T. Agin relative System James M. H.			F.S. Or, if this document is being filed he limited liability company has been
	re of Registered Agent Assistant Sec	cretar	y	

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