M19000 CIO 130

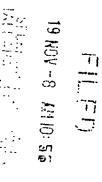
(Requestor's Name)	-								
(Address)	_								
(Address)									
(City/State/Zip/Phone #)	_								
PICK-UP WAIT MAIL									
(Business Entity Name)	_								
(Document Number)									
Certified Copies Certificates of Status	_								
Special Instructions to Filing Officer:	7								





600336776386

11/08/19--01016--004 **25.00



DEC - 7 200 T SCHROEDER

COVER LETTER

TO:	Registration Section Division of Corporation	ons								
embi	ECT:	CENTURION	EXTERI	DRS OF F	FLORIDA, LLC					
SUBJ	Name of Limited Liability Company									
Dear S	ir or Madam:									
The er	iclosed Registered Agen	t/Registered Offic	e Change a	nd fee(s) ar	e submitted for tiling.					
Please	return all corresponden	ce concerning this	matter to t	he following	g:					
JON	A. BRAGALONE									
	Name	of Person			·					
CAR	SON LLP									
	Firm/	Company								
301 \	W. JEFFERSON BL	/D., STE. 200								
	Add	ress								
FOR ⁻	T WAYNE, IN 46802									
	City/State	and Zip Code								
BRA	GALONE@CARSON	NLLP.COM								
i	E-mail address: (to be us	ed for future anm	ial report no	tification)						
For fu	rther information concer	ning this matter. p	olease call:							
JON	A. BRAGALONE		260	432	-9411					
	Name of Perso	on	_ ar (Area C	Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301			Registration Division of P.O. Box 6,	Corporations						
Enclosed is a check for the following amount:										
☑ \$25 Filing Fee ☐ \$55				\$55 Filing	Fee & Certified Copy					

INHS18 (2/14)

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.

l. Na	ame of the limited liability company: CENTURION	EXTER	RIORS O	F FLORIDA,	LLC			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)					
		<u> </u>						
	OCTOBER 09, 2019		M190000	010139				
3.	Date of filing/registration in Florida	4.		Document nur	nber			
5. (a)	ROBERT LITHGOW							
.s. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	me:				
	6250 EDGEWATER DRIVE, STE. 2700		·					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	_				
	ORLANDO	32810		_ _	FALS	19 N		
(b)	ROBERT LITHGOW			_	7:	8- AON 61	******	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	<u>dress</u> :		-		امطاب	
	6250 EDGEWATER DRIVE, STE. 600			# 10: 5;				
	NEW Registered Office Address:				<u>;;::</u> .	<u>্</u> র ভ ।		
	ORLANDO	32810		_				
	, I [*] I	~		_				
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regis lability co of the lim	stered offic impany, it iited liabili	ce and the busing is hereby confirmity or a	ess office med that t	of the he cha	registered inge(s)	
	for A. Kragelan	10L	N A. BRA	AGALONE, AL	JTHORI	ZED	SIGNEF	
Signa	ture of a member or authorized representative of a member			Printed or typed	name of sig	nee		
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address, I d'in writing of this change.	r perform	ance of mi	: duties, ånd I ar	n Familiar	· with i	md accer	
Signatu	ro of Donistand Agant							

. . .