

M20000009001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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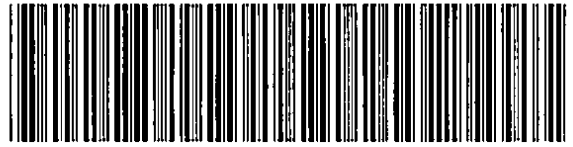
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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2022 JUL 28 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JUL 29 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 836923 8381972

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : July 27, 2022

ORDER TIME : 9:28 AM

ORDER NO. : 836923-003

CUSTOMER NO: 8381972

CHANGE OF AGENT

NAME: OLSON RESTORATION, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

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: OLSON RESTORATION, LLC
2. (a) 9085 MARSHALL CT
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
WESTMINSTER, CO 80031
- (b) 9085 MARSHALL CT
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
WESTMINSTER, CO 80031
3. 10/08/2020
Date of filing/registration in Florida
4. M20000009001
Document number
5. (a) CAPITOL CORPORATE SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
515 E PARK AVE 2 FL
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TALLAHASSEE, FL 32301
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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2022 JUL 28 AM 9:01
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TALLAHASSEE, FL

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.

/S/ David Boyles

DAVID BOYLES - AUTHORIZED PERSON

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Grace E. Kirby
Signature of Registered Agent

GRACE E. KIRBY ASST. VICE PRESIDENT