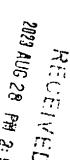
(Requestor's Name)
(Address)
(Address)
, (d. 100)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.

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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



### **ORDER FORM**

FROM '

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE: 8/28/2023	PRIORITY	Regular Approval	OUR REF # (Order ID#) 1	175202
ORDER ENTITY RECTORSEAL, LLC				
PLEASE PERFORM THE FOLLO	WING SERVICES	<b>5:</b>		
File the attached change of age	nt document			
NOTES: \$25.00 Authorized				
RETURN/FORWARDING INSTI ACCOUNT NUMBER: I2005000005	RUCTIONS: 2			
Please bill the above referenced a	ccount for this ord	der.		
If you have any questions please of	contact me at 656	-7956,		
Sincerely,				

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 28, 2023 Page 1 of 1

#### **COVER LETTER**

Division of Corporations	
RectorSeal, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Deborah Reeves	
Name of Person	
TMF USA Inc.	
Firm/Company	<del></del>
80 SW 8th Street, Suite 2900	
Address	
Miami, FL 33130	
City/State and Zip Code	<del></del>
cosec@Tmf-group.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	se call:
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	unt:
\$25 Filing Fee	☐ \$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.

1.	Na	me of the limited liability company: RectorSeal, LLC							
	(a)		_ (	b)_					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	Mailing address of lit (Note: MAY BE 1	nited	liability	company:
		2601 Spenwick Drive	_	5.	420 Lyndo	on B Johnson FW	Y #5	00	
		Houston, TX 77055	_	D	allas, TX	75240			
		03/11/2022		ME	220000031	799			
3.		Date of filing/registration in Florida	4.			Document numb	er		· · · · · · · · · · · · · · · · · · ·
5.	(a)								
	(-,	Registered Agent and Registered Office shown on the records of the Corporation Service Company	he Florid	ia De	pt. of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	: <u>S)</u>	<del></del>	_			
		1201 Hays Street					· ,	20	
		Tallahassee , FL	32301			- -		2023 AUG 28	<del></del>
	(b)	(b) Enter name of NEW Registered Agent and/or NEW Registered O			<del></del>	ASSEE.			
		Universal Registered Agents, Inc.				- -		AM 10: 12	$\Box$
		NEW Registered Office Address:				Þ	<b>&gt;•</b>		
		1317 California Street				_			
		Taltahassee, FL	32304			_			
ch ag wa	ange ent v as/we e arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	register bility co f the lir	red omp	office and any, it is d liability ility com	d the business off s hereby confirme y company or as apany.	fice ( ed th othe	of the r lat the c rwise p	egistered change(s) provided in
		Million				Luke Alversor			ary ————
I pr the to	here ovisi e obl njer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	verforn.	шле	e of my a	duties, and I am i	gree amil	to com liar wit	h and accept
	s/ W	ill Huser re of Registered Agent							