M24000009812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

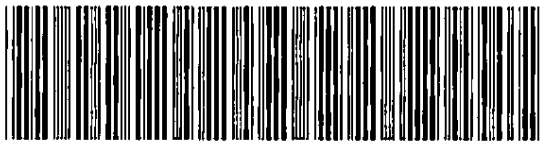
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

HORNE
JUN 28 2024

Office Use Only



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FILED
2024 JUL 17 PM 2:05

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: MHI Roofing FL, LLC
Name of Foreign Limited Liability Company

The application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathon B. Broce
Name of Person

MHI Roofing FL, LLC
Firm/Company

[illegible] Cheshire Circle W
Address

[illegible] Acres, FL 33936
City/State and Zip Code

jon@mhiut.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ixema Hilal at (724) 605-4695
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:

☐ $35 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

[illegible] (09/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: MHI ROOFING FLORIDA, LLC

Enter new principal office address, if applicable: N/A

(*Principal office address MUST BE A STREET ADDRESS*)

Enter new mailing address, if applicable: N/A
(*Mailing address MAY BE A POST OFFICE BOX*)

2. Florida document number of this limited liability company is: M24000000812

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/23/2024

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SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here.

Name of New Registered Agent: Jonathon Broce

New Registered Office Address: 3425 SW 25th PL
Enter Florida Street Address

Cape Coral, Florida 33914
City *Zip Code*

Registered Agent's Signature, if changing Registered Agent

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.

Jonathon Broce
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If this amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change

Title/ Capacity	Name	Address	Type of Action
	James Kevin Albritten	2634 NE 9th Ave., Unite 3. Cape Coral, FL 33909	X Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Jonathon Broce
9FE483804CA5455 Signature of the authorized representative

Jonathon Broce
Typed or printed name of signee

Filing Fee: $25.00