P07000123310

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COVER LETTER

TO:	Amendment Section Division of Corporations	
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SUBJ Name	Division of Corporations SUBJECT: SOUTH FLORIDA BUILDING SOLUTIONS,INC. Name of Corporation DOCUMENT NUMBER: P07000127310 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bruce E. Loren Name of Contact Person Loren & Kean Law Firm/Company 1/21 Fairway Drive, Suite 104 Address Palm Beach Gardens, FL 33418 Eity/State and Zip Code bloren@lorenkeanlaw.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Bruce E. Loren Name of Contact Person Name of Contact Person Name Code & Daytime Telephone Number	
Hanne	or Corporation	
SUBJECT: SOUTH FLORIDA BUILDING SOLUTIONS,INC. Name of Corporation DOCUMENT NUMBER: P07000127310 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bruce E. Loren Name of Contact Person Loren & Kean Law Firm/Company 7121 Fairway Drive, Suite 104 Address Palm Beach Gardens, FL 33418 City/State and Zip Code bloren@lorenkeanlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:		
The en	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Bruce 1	E. Loren	
Name	of Contact Person	
Loren &	& Kean Law	
Firm/C	Company	
7121 Fa	airway Drive, Suite 104	
Addres	SS	
Palm B	each Gardens, FL 33418	
City/St	ate and Zip Code	
City/State and Zip Code		
E-mail	address: (to be used for future annual	report notification)
For fur	ther information concerning this matter, p	lease call:
Bruce E	E. Loren	
<u>-</u> -	Name of Contact Person	Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the l	Department of State.
	Mailing Address:	
	· monument acousts	ATHERMENT SECTION

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flori ange is submitted for a corporation organized under the laws of the State ler to change its registered office or registered agent, or both, in the State	of Florida	
i. The name of	the corporation: SOUTH FLORIDA BUILDING SOLUTIONS, INC.		
	office address; 2610 Old Okeechobee Road, West Palm Beach, FL 33409		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 11/28/2007 Document number: P0700	0127310	
5. The name an Florida Depa	ed street address of the current registered agent and registered office on file artment of State: (If resigned, enter resigned)	with the	
	Bruce E. Loren		
	7111 Fairway Drive	_ 	2(
	Palm Beach Gardens, FL 33418	ECRE)24 SE
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered	office AHAS	1024 SEP 12
	Bruce E. Loren	100 1100 1100 1100	*
	7121 Fairway Drive, Suite 104		AM 11: 2
	P.O. Box NOT acceptable	— FF	ဟိ
	Palm Beach Gardens, FL 33418		
The street address changed will	ess of its registered office and the street address of the business office of be identical.	fits registered	agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so	
ß	lle E Foren Bruce E Laren		
-	re of an officer or director Printed or typed name an		
t hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and c id I am familiar with and accept the obligation of my position as registeng filed merely to reflect a change in the registered office address. I here been notified in writing of this change.	omplete perfo red agent. Or reby confirm t	rmance r if this hat the
	Ke E Faren 6727/2024		
Sig	nature of Registered Agent Date		
If signing on be	half of an entity:		
Вп	uce E. Loren		
	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)