

P13000058840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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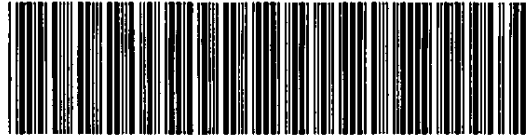
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tornado Roofing and Contracting, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P13000058840

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:

Jon Michael Kendrick, Esq.

Name of Contact Person

The Kendrick Law Firm

Firm/Company

1776 N Pine Island Rd., Suite 118

Address

Plantation, Florida 33322

City/State and Zip Code

jmk@kendrick-lawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Michael Kendrick

Name of Contact Person

at ( 954 ) 776-8115

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tornado Roofing and Contracting, Inc.  
2. The principal office address: 1905 Mears Parkway, Margate, Florida 33063

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/11/2013 Document number: P13000058840

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jon Michael Kendrick, Esq.  
5353 N. Federal Highway, Suite 303  
Fort Lauderdale, Florida 33308

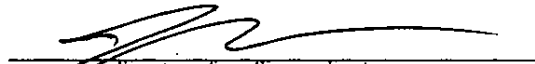
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jon Michael Kendrick, Esq.  
1776 North Pine Island Road, Suite 118  
P.O. Box NOT acceptable  
Plantation, Florida 33322

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TALLAHASSEE, FLORIDA

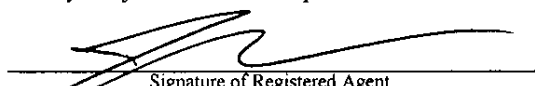
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Jon Michael Kendrick, Registered Agent  
\_\_\_\_\_  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

11/12/15  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Jon Michael Kendrick, Registered Agent  
\_\_\_\_\_  
Typed or Printed Name

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