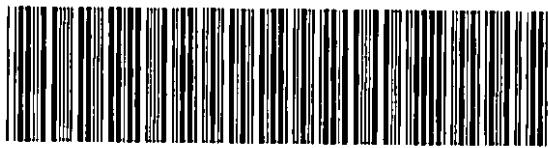


P18000087038

(Requestor's Name)



(Address)

(Address)

600321441766

(City/State/Zip/Phone #)

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(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ADVANCED BUILDERS OF FLORIDA INC  
Name of Corporation

DOCUMENT NUMBER: P18000087038

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:

Tommy L. Rosierants  
Name of Contact Person

ADVANCED BUILDERS OF FLORIDA INC.  
Firm/Company

862 LANDSDOWNE DR.  
Address

SEBASTIAN FL. 32958  
City/State and Zip Code

TLRCONSTRUCTION@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tommy L. Rosierants  
Name of Contact Person at (772) 404-1503  
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

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TALLAHASSEE, FLORIDA

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: ADVANCED BUILDERS OF FLORIDA INC.

2. The principal office address: 862 LANDSDOWNE DR.  
SEBASTIAN FL. 32958

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

4. Date of incorporation/qualification: 10/18/2018 Document number: P18000087038

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)

Tommy L. Rosecrants  
1301 S. CARPENTER RD.  
TITUSVILLE FL. 32796

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TALLAHASSEE, FLORIDA

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

Tommy L. Rosecrants  
862 LANDSDOWNE DR.  
P.O. Box NOT acceptable  
SEBASTIAN FL. 32958

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.

Tommy L. Rosecrants

Signature of an officer or director

Tommy L. Rosecrants PRES.

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.

Tommy L. Rosecrants

Signature of Registered Agent

12/3/18

Date

If signing on behalf of an entity:

Tommy L. Rosecrants  
Typed 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