## P23000081572

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(Address)		
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PICK-UP WAIT MAIL		
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(Document Number)		
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## **COVER LETTER**

TO:

TO: Amendment Section Division of Corporations	
SUBJECT: TOPSIDE ROOFING INC. Name of Corporation	
Name of Corporation	
DOCUMENT NUMBER: P23000081572	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	-
rease return an correspondence concerning uns	, matter to the following.
KEVIN TRIOLA	
Name of Contact Person	
TOPSIDE ROOFING INC.	
Firm/Company	
1373 SW THELMA ST	
Address	
PALM CITY, FL 34990	
City/State and Zip Code	
KEVINTRIOLA@TOPSIDE	ROOFINGINC.COM
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, p	please call:
KEVIN TRIOLA	at ( 772 ) 405-2054
Name of Contact Person	at ( 772 ) 405-2054  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassec, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	rananassee, fil 32303

CR2E045 (04/13)

## 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.
TORSIDE ROOFING NIC
The name of the corporation:  1. The name of the corporation:  2. The principal office address:  1373 SW THELMA ST
PALM CITY, FL 34990
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/20/2023 Document number: P23000081572
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)
INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JULI RUSSELL 3 3
170 BOBWHITE ROAD
P.O. Box NOT acceptable
ROYAL PALM BEACH, FL 33411
The street address of its registered office and the street address of the business office of its registered agen 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.
KEVIN TRIOLA, OWNER
Signature of an officer or director   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 performant of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if the 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.
Juli hand 1 11/07/2024
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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

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