I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: CEDILLO, SAMUEL A

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000037319

Entity Name: METRIC REMODELING, LLC

Current Principal Place of Business:

2283 SUNNYVIEW DR OVIEDO, FL 32765

Current Mailing Address:

2283 SUNNYVIEW DR OVIEDO, FL 32765

FEI Number: 45-4809429

Name and Address of Current Registered Agent:

CEDILLO, SAMUEL A 2283 SUNNYVIEW DR OVIEDO, FL 32765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MANAGER
Name	CEDILLO, SAMUEL A	Name	VELAZQUEZ CRUZ, MARTHA O
Address	2283 SUNNYVIEW DR	Address	2283 SUNNYVIEW DR
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765

ered office or registered agent, or both, in the State of Florida.

Certificate of Status Desired: No

FILED Aug 11, 2020 Secretary of State 5338451071CC

Date

08/11/2020

Date