## P23000041022

(Requestor's Name)				
(A	ddress)			
(A	ddress)	<del></del>		
(C	ity/State/Zip/Phone #	<i>‡</i> )		
		_		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name	)		
(De	ocument Number)	<u> </u>		
Certified Copies	Certificates o	f Status		
Special Instructions to	Ciling Officer:			
Special instructions to	Filing Oncer.			

Office Use Only



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AUG 18 2023

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJE Name of	CT: SEMPER FI ROOFING INC f Corporation	<del></del>			
DOCU	MENT NUMBER: P23000041022				
The enc	losed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.			
Please re	eturn all correspondence concerning this mat	ter to the following:			
GILBER	RTO PADUA				
Name o	f Contact Person				
PADUA	FINANCIAL SERVICES				
Firm/Co	ompany				
194 TUF	RTLE PLACE				
Address					
ROCKL	EDGE FL 32955				
City/Sta	ite and Zip Code	<del></del>			
	INFO@PADUAFINANCIAL.CO	M			
E-mail	address: (to be used for future annual rep	ort notification)			
For furt	her information concerning this matter, pleas	se call:			
GILBER	RTO PADUA	at ( 321 )745-5421			
•	Name of Contact Person	at ( 321 )745-5421  Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section	Street Address: Amendment 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 cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of _	FLORIDA	=
	the corporation: SEMPER FI ROOFING I	· ·		
2. The principal	office address: 196 TURTLE PLACE, RO	CKLEDGE, FL 32955		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 05/24/2023	Document number: P2300004	1022	
	I street address of the current registered atment of State: (If resigned, enter resigned		ith the	22
	SHIRLEY J PUENTES (RESIGNED)		HAL HAL	73
	4810 MANCHESTER DR			- 427.00 - 427.00
	ROCKLEDGE, FL 32955		988 988	) : 
6. The name and (if changed):	I street address of the new registered age	nt (if changed) and /or registered off	્⊓ડ ileei≍	
	PADUA FINANCIAL SERVICES		_	
	194 TURTLE PLACE			
	P.O. Box ROCKLEDGE, FL 32955	NOT acceptable		
The street addre	ess of its registered office and the street be identical.	address of the business office of its	s register <b>e</b> d	agent,
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an tified in writing of the change.	officer so	
/ loves	pe of an officer or director	GEORGE D WEINBRENNER, CO		MBR
-71	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th s been notified in writing of this change.	<del></del>		rmance ; if this hat the
<i>)</i>	Paple-	06/19/2023		
₩g	nature of Registered Agent	Date		<del></del>
If signing on be	half of an entity:			
	DUA (PADUA FINANCIAL)			
T	yped or Printed Name	ND 635 00 1 4 4		
	* * * FILING FE	.E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314