DOCUMENT #	849936
1. Entity Name	3
W9Y CONSTRUCTION,	INC.

Principal Place of Business 1825 S.E. 35TH ST. PT EVERGLADES FL 33316

Mailing Address PO BOX 13037 P O BOX 13037

PT EVERGLADES FL 33316

Principal F	Place of Bus	iness
P.O.	Box	1303
Suite, Apt.	#, etc.	

3. Mailing Address P.O. BOX Suite, Apt. #, etc.

13037

DO NOT WRITE IN THIS SPACE

Port (e EVROGI	Ages	FL	Poet Evergue	toes.	PL	4. F	El Number	57-06413	60		oplied For ot Applicable
Zip	·	Country	,	Zip 33316	Country	ntry E. Cortificate of Status Desired			d 🛄	\$8.75 Additional		
						C. S Fee Required						
6. Name and Address of Current Registered Agent RIZZO, DAVID 860 NW 8 AVE						Name DAVID Rizzo Street Address (P.O. Box Number is Not Acceptable) 1825 S.E. 35 H STREET						
DELRAY BEACH FL 33444												
						Cipar	+ E vei	2G14D	es	F	L Zip Cod	3 16
8. 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 Signature, typed or printer large of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE I After May 1, 2002 Fee v Make Check Payable to De)2 Fee w	ill be \$55	0.00		ion Campaign Fund Contribu	-		0 May Be it to Fees
11.		OFFI	CERS AND D	IRECTORS	12.		ADI	DITIONS/CI	HANGES TO C	FFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ROBERT M RD AVE #101 33004		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS					☐ Change	☐ Addition
TITLE ANAME NAME STREET ADDRESS CITY-ST-ZIP	VD RAMSEY, 416 BETH TROY SC			□ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	283 ORAN	, donald s Ige ave Ville fl 322	59	□ Delete	~TITLE NAME STREET CITY-S	ADDRESS T-ZIP	. د د		, 		<u> </u>	-Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZiP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP					☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert JACKSON