## F180000004757

Office Use Only



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2021 J. -2 1110: 27

2024 JUL -2 PH 3: 21

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 - Phone: 850-558-1500

	ACCOUNT NO.	: 120000001	.95		
	REFERENCE	: 528817	8455112		
	AUTHORIZATION	Sould of a	Raw		
	COST LIMIT	: \$35.00	ROLO		
ORDER DATE :	July 1, 2024				
ORDER TIME :	1:51 PM				
ORDER NO. :	528817-001				
CUSTOMER NO:	8455112				
			·		
CHANGE OF AGENT					
NAME :	ASR & SONS CO	NSTRUCTION COR	RP.		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILI	ING:		
CERTIF XX PLAIN	TIED COPY STAMPED COPY				
CONTACT PERSON	: Amanda Miller				

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corporat	l, 617,0502, 607,1508, or 617,1508, Florida Statutes, i ion organized under the laws of the State of DE or registered agent, or both, in the State of Florida.	this	
1. The name of t	he corporation: ASR & SONS (	CONSTRUCTION CORP.		
2. The principal	office address: 1825 32e Ave L	achine, Quebec H8T 3J1 CA		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 05/01/20	Document number: F18000004757		
	I street address of the current retiment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)		
	C T CORPORATION SYSTE	EM		
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL 33324		
6. The name and (if changed):	street address of the new regis	tered agent (if changed) and /or registered office		
	Corporation Service Compan	у	2024 J.	
	1201 Hays Street		<u></u>	
		P.O. Box NOT acceptable	-2	
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and t be identical.	the street address of the business office of its register	•	
Such change wa authorized by th	as authorized by resolution dul ne board, or the corporation has	y adopted by its board of directors or by an officer s s been notified in writing of the change.	10 C:J	
Xie (	? agni	Jill Cilmi, Vice President		
I hereby accept I further agree to of my duties, an document is bei corporation has	to comply with the provisions $\epsilon$	Printed of typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete per title obligation of my position as registered agent, inge in the registered office address. I hereby confirs s change.	rformance Or, if this m that the	
By: L)	ce Cokubi	07/01/2024		
_	nature of Registered Agent	Date		
	by, Asst. Vice President			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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