

217000181819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

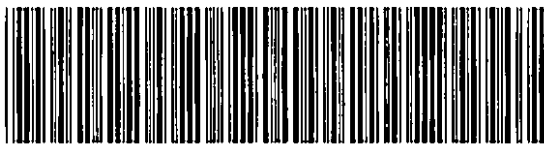
(Business Entity Name)

(Document Number)

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MAY 31 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AGM CONTRACTORS FL, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARMANDO MUNS  
Name of Person

AGM CONTRACTORS FL, LLC  
Firm/Company

PO BOX 310575  
Address

MIAMI, FL 33231  
City/State and Zip Code

ALEXANDRA@AGCONTRACTORSFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDRA BENITEZ at ( 305 ) 503-9869  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: AGM CONTRACTORS FL, LLC

2. (a) 3326 MARY ST, SUITE 401 (b) PO BOX 310575

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

MIAMI, FL 33133

MIAMI, FL 33231

08/25/2017

L17000181819

3. Date of filing/registration in Florida

4.

Document number

5. (a) AG CONTRACTORS FL LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2121 SW 3RD AVE.. SUITE 205, MIAMI, FL 33129

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

FL

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 TALLAHASSEE, FLORIDA

(b) AG CONTRACTORS FL LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:


3326 MARY ST., SUITE 401

NEW Registered Office Address:

MIAMI

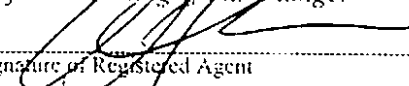
FL 33133

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member of authorized representative of a member

ARMANDO MUNS  
Printed or typed name of signee

*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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent