

LD20000 11153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

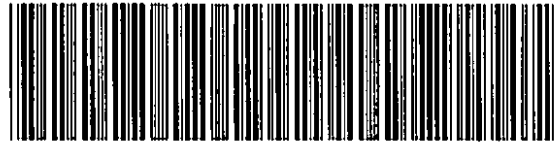
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000343410160

04/24/20--01013--019 \*\*35.00

2020 MAY 15 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

MAY 18 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Essian Construction 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:

Richard Shassian  
Name of Person

Essian Construction LLC  
Firm/Company

999 Douglas Ave, Suite 1115  
Address

Altamonte Springs, FL 32714  
City/State and Zip Code

RS @ Essian Construction . Com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Shassian at ( 407 ) 310-4316  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Essian Construction LLC
2. (a) 999 Douglas Ave Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Suite 1115  
Altamonte Springs, FL 32714
- (b) 999 Douglas Ave Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Suite 1115  
Altamonte Springs FL 32714
3. 5/08/2002 Date of filing/registration in Florida
4. L02000011153 Document number
5. (a) Metro Business Agency Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
15200 S. Tamiami Trail Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 117  
Fort Myers, FL 33908
- (b) Richard Shassian Enter name of NEW Registered Agent and/or NEW Registered Office address:  
999 Douglas Ave, suite 1115 NEW Registered Office Address:  
Altamonte Springs, FL 32714

2020 MAY 15 AM 10:42  
SEARCHED  
SERIALIZED  
INDEXED  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 05-15-20 BY 60322 UCBAW

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]  
Signature of a member or authorized representative of a member

Richard Shassian  
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 relative 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]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00