### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRES

SIGNATURE: TODD M. DUFFY

# FEI Number: 20-5963239 Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

GOODING, W. JAMES III 1531 SOUTHEAST 36TH AVE. OCALA, FL 34471 US

**Current Mailing Address:** 

5230 SE 14 PLACE OCALA. FL 34471

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:

5230 SE 14 PLACE OCALA, FL 34471

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	PRES	Title	VP
Name	DUFFY, TODD M	Name	DUFFY, MICHELE
Address	5230 SE 14 PLACE	Address	5230 SE 14 PLACE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: ALLEGIANT CONSTRUCTION SERVICES, LLC

## FILED Jan 16, 2020 Secretary of State 0190026290CC

Certificate of Status Desired: No

Date

01/16/2020 Date