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.

SIGNATURE: ANGELICA ANGON

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: ANGON CONSTRUCTION SERVICES, LLC **Current Principal Place of Business:**

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

3009 WEST SAM ALLEN RD PLANT CITY, FL 33565

Current Mailing Address:

3009 WEST SAM ALLEN RD PLANT CITY, FL 33565 US

DOCUMENT# L17000228286

FEI Number: 82-4587608

Name and Address of Current Registered Agent:

ANGON, MARIA ANGELICA 3009 WEST SAM ALLEN RD PLANT CITY, FL 33565 US

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	: MARIA ANGELICA ANGON			06/12/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	ANGON, OSIEL	Name	ANGON, ANGELICA	
Address	3009 WEST SAM ALLEN RD	Address	3009 WEST SAM ALLEN RD	
City-State-Zip:	PLANT CITY FL 33565	City-State-Zip:	PLANT CITY FL 33565	

06/12/2020 AMBR

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Certificate of Status Desired: Yes

Date