202885

(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:						
J. HORNE						
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DIVISION OF SORPORATIONS

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

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Account#: I20000000088

Date:	05/25/2022	
	Jennifer Bialowas	-
Reference #	1691118	_
	R C STEVENS CON	ISTRUCTION COMPANY
Article	es of Incorporation/Authorization	to Transact Business
☐ Amer	ndment	
✓ Chan	ge of Agent	
Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
☐ Disso	lution/Withdrawal	
Fictiti	ous Name	
Other		
Authorized A	Amount: 25.00	
Signature: _		



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/25/2022	
	Jennifer Bialowas	_
Reference	. #: 1691118	
	ne: R C STEVENS COI	ISTRUCTION COMPANY
☐ Arti	cles of Incorporation/Authorization	to Transact Business
Am	endment	
✓ Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
☐ Mer	rger	
Dis:	solution/Withdrawal	
☐ Fict	itious Name	
Oth	er	
Authorized	Amount: 25.00	
Signature:		

F: 800.944.6607

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

Pursuant to the provisions of sections 60 statement of change is submitted for a co	orporation organiza	ed under the law	vs of the State o	f FL			
in order to change its registere			•	f Florida.			
1. The name of the corporation:							
2. The principal office address:	 _	28 S. MAIN	STREET				
WINTER GARDEN		FL		34787			
3. The mailing address (if different):							
4. Date of incorporation/qualification: _	5/25/1957	Document n	number:	202885			
5. The name and street address of the cur Florida Department of State: (If resign		_	d office on file	with the			
<u> </u>	KEATING, TIMO	THY M		_			
	28 S. MAIN STREET						
	WINTER GARDEN, 1						
6. The name and street address of the ne (if changed):	w registered agent ((if changed) and	or registered	SECRETARY ALLAHASSE			
C	OGENCY GLOS	BAL INC.		25 SEE SEE			
115 N	115 North Calhoun Street, Suite 4						
T # 4 .		P.O. Box NOT acceptable		- 第 元 99 C			
Tallaha	ssee	Florida	32301	30			
The street address of its registered offic as changed will be identical.	e and the street add	dress of the bus	iness office of	its registered agent,			
Such change was authorized by resoluti authorized by the board, or the corporat	on duly adopted by ion has been notifi -	vits board of di ed in writing of	rectors or by a the change.	n officer so			
Stenature of an officer or director		Kyle K. Holi	mstrom Cl	FO & Treasurer			
I hereby accept the appointment as regit I further agree to comply with the proving performance of my duties, and I am fam agent. Or, if this document is being file hereby confirm that the corporation has Asst Secret Signature of Registered Agent	sions of all statute. iliar with and acce of merely to reflect s been notified in w	gree to act in the relative to the ept the obligation of the change in the	his capacity. proper and co on of my position revisiered off	omplete on as registered			
If signing on behalf of an entity:							

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