10/24, 12 13 PM	Division of Corporations
2	Florida Department of State Division of Corporations Electronic Willing Cover Sheet
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,То:	Division of Corporations Fax Number : (850)617-6380
Fro	Account Name : C T CORPORATION SYSTEM
**Ent	r the email address for this business entity to be used for future nnual report mailings. Enter only one email address please.**
	mail Address:
DEN	REGISTERED AGENT CHANGE RD & MOORE CONSTRUCTION CO., INC., OF FLORIDA Certificate of Status 0 Certified Copy 0 Page Count 02
	Page Count 02   Estimated Charge \$35.00

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From: Kaity Toon

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_ In order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Denard & Moore Construction Co., Inc. of Florida

2. The principal office address: 2064 Fishing Ford Rd. Belfast, TN 37019

3. The mailing address (if different): same

Document number: 325396

5. The name and street address of the current registered agent and registered office on tile with the Florida Department of State: (If resigned, enter resigned)

	Glenn F. Burdette	
	1405 Palmetto Dr.	-
	Mulberry, FL 33860	2021 DEC
6. The name and (if changed):	Mulberry, FL 33860	DEC 10
	C T Corporation System	
	1200 South Pine Island Road	ST 5:
	P.O. Box NOF acceptable Plantation, Florida 33324	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by recolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jerry A. Nichols/Vice President

12/09/2024

Printed or typed name and litie

Date

Thereby accept the appointment as registered agent and agree to act in this capacity. Thirthe agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and 1 am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

Citration Color

Signature of Registered Agent

officer or director

If signing on behalf of an entity:

Christian Ka rentient Secretory

Eyped or Printee Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

By: