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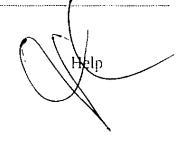
	To:		
		Division of Corporations	
		Fax Number : (850)617-6380	202
	From:		2022 DE
		Account Name : REGISTERED AGENTS INC.	\dot{c}
		Account Number : I20090000081	\sim
		Phone : (307)200-2803	8
		Fax Number : (855)330-1010	吕
			ڥ
Ent	er the e annual r	mail address for this business entity to be used for futur report mailings. Enter only one email address please.	02
<u>ო</u>	E <u>m</u> ail Ad	idress:	

REGISTERED AGENT CHANGE LEARY CONSTRUCTION COMPANY, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, ized under the laws of the State of Indiana red agent, or both, in the State of Florida.	this			
1. The name of	the corporation: LEARY CONSTRUC	CTION COMPANY, INC.				
	·	STREET GREENFIELD, IN 46140				
	address (if different):					
4. Date of inco	poration/qualification: 01/28/80	Document литber: 845077				
	ed street address of the current registered a artment of State: (If resigned, enter resigne					
	CAPITAL CONNECTION, I	VC.	~3			
	<u> </u>	<u>)</u> 022 D'				
	TALLAHASSEE, FL 32301		2022 DEC 28			
6. The name an (if changed):	d street address of the new registered agen	it (if changed) and /or registered office	포			
	Registered Agents Inc	•	9: 02			
	7901 4th St N STE 300					
P.O. Box NOT acceptable						
	St. Petersburg FL 33702					
The street addras changed wil	ress of its registered office and the street a I be identical.	address of the business office of its register	red agent.			
Such change wanthorized by t	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer s lifted in writing of the change.	υ			
HARL	SS A LEARY	CHARLES A LEARY- Preside				
·	we of an officer or director I t the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	Printed or typed name and title I agree to act in this capacity, ttes relative to the proper and complete pe- gation of my position as registered agent, registered office address, I hereby confirm	rjormance Or, if this m that the			
Bullan.		12/28/2022				
Si ₁	gnature of Registered Agent	Date				
If signing on b	chalf of an entity:					
Bill Havre						
	Typed or Printed Name					
	* * * FILING FE	E: \$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)