

A24000000445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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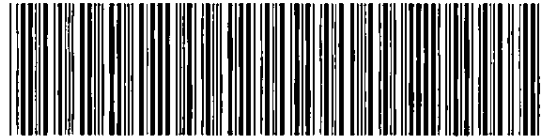
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DE MOYA CHC JOINT VENTURE LP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A24000000445

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANDREW DE MOYA

Contact Person

CONTINENTAL HEAVY CIVIL CORP

Firm/Company

13131 SW 132ND STREET STE 102

Address

MIAMI, FL 33186

City, State and Zip Code

ADEMOYA@CHCIVIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW DE MOYA

at (305) 964-3813

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. DE MOYA CHC JOINT VENTURE LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/26/2024 3. A24000000445
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

MOORE, CARLI N
Name

6561 GUNN HWY
Address

TAMPA, FL 33625
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

DE MOYA, ANDREW
Name

13131 SW 132ND STREET STE 102
Florida street address (P.O. Box not acceptable)

MIAMI, FL FL 33186
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Andrew de Moya
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

24 OCT 28 PM 5:26
CLERK OF THE FLORIDA
DEPARTMENT OF STATE