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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

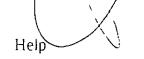
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REGISTERED AGENT CHANGE MARCUS CONSTRUCTION CO., INC.

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

statement of cha	nge is submitted for a corporatio	617,0502, 607,1508, or 617,1508, Florida \mathfrak{S} on organized under the laws of the State of $\underline{\mathbb{N}}$ or registered agent, or both, in the State of F	/innesota		_
1. The name of (the corporation: Marcus Construct	ion Co., Inc.			
			· · · · · · · · · · · · · · · · · · ·		_
3. The mailing a	ddress (if different):				_
4. Date of incor	poration/qualification: 02/24/12	Document number: F1200000	0852		
	I street address of the current regi tment of State: (If resigned, enter	istered agent and registered office on file wi r resigned)	th the		
	CORPORATION SERVICE COMP	PANY			
	1201 HAYS STREET		· · · · ·	202	
	TALLAHASSEE, FL 32301		. ₽. . C	2024 MAR 1	17
6. The name and (if changed):	l street address of the new registe	ered agent (if changed) and /or registered off	VHASSE	19 AM	
	Northwest Registered Agent LLC		ے سے در اس ^م	œ	
	7901 4th St N STE 300	P.O. Box NOT acceptable	- 4	-	
	St. Petersburg FL 33702				
The street addre	ess of its registered office and the be identical.	e street address of the business office of its	s registe	red age	ent,
Such change wa authorized by th	is authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer s	iO	
Ros	s Marcus	Ross Marcus - President/Director			
I hereby accept I further agree i of my duties, an document is bei	the appointment as revistered a	igent and agree to act in this capacity. Tall statutes relative to the proper and com the obligation of my position as registered age in the registered office address, I hereb		rforma Or, if i m thát	nce this the
7+ N-		03/19/2024			
Sig	nature of Registered Agent	Date			_
If signing on be	half of an entity:				
Taylor Newman					
T	yped or Printed Name	_			

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