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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:			

REGISTERED AGENT CHANGE HOLT CONSTRUCTION CORP.

R WHITE NOV 2 4 2020

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COVER LETTER

TO:

Amendment Section Division of Corporations

15129570210

Name of Corporation F1/1000	01727
DOCUMENT NUMBER: F140000	01721
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Mam. On #191-	
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual r	eport notification)
To Contra i Communication and a series which we have the	
For further information concerning this matter, ple	ase cair:
Mary Castillo Name of Contact Person	at (888) 705-7274 Area Code & Daytime Telephone
	a. (

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

CR2E045 (04/13)

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

	provisions of sections 607.050 unge is submitted for a corpora				
	er to change its registered offic				
1. The name of	the corporation: Holt Con	struction	Corp.		
	office address: 50 E. WA			ENUE	
	RIVER, NY 10965				
_	address (if different):				
4. Date of incor	poration/qualification: 4/17	/2014	Document	number: F14	000001727
	d street address of the current r artment of State: (If resigned, er		t and registere	ed office on file	with the
	NRAI SERVIC	ES, INC	<u> </u>		
	1200 SOUTH PINE ISL	AND ROAL)		
	PLANTATION	1 P 1 1 1 1 1 1 1	FL	33324	-
6. The name an (if changed):	Registered Age			-	office
	155 Office Plaz		Suite A	A	
	Tallahassee	P.O. Box No FL	OT acceptable 3230)1	.´-
The street addr	ress of its registered office and	the street add	fress of the bu	isiness office of	f its registered agent,
	vas authorized by resolution du the board, or the corporation h				
/S/ Jeanne :	Splaver ure of an officer or director	J <u>e</u>	eanne Sp	olaver	Secretary
I hereby accept I further agreet of my duties, and document is be	t the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a cl is been notified in writing of th	of all statute. ept the obliga ange in the ri	gree to act in	this capacity.	
Hod	gnature of Registered Agent		11/23/20	20	
	chalf of an entity:			DAG	
	t, Assistant Secretary				
	Typed or Printed Name				
	***F	ILING 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)