## F17000006801

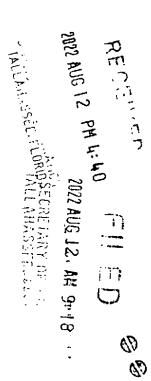
(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
	J. HORNE			
	AUG 1 5 2022			

Office Use Only



700390555987

US 177 278 (1605 - 612 - \*\*175.95



## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

D+F Contracting, Inc.
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIENOTHER_RACKA
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 6/12/22 TIME
Notes:

## 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 Illinois				
in orde	er to change its registered office or re	egistered agent, or both, in the State of Florida.		
	the corporation: D & F CONTRACTI			
2. The principal office address: 4001 State Route 159, Suite 107 Smithton, IL 62285				
3. The mailing	address (if different):			
4. Date of incorporation/qualification: 10/23/2017 Document number: F17000004807				
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file with the signed)		
	UNIVERSAL REGISTERED AGEN	TS, INC.		
	3458 Lakeshore Drive			
	Tallahassee, FL 32312			
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office		
UNIVERSAL REGISTERED AGENTS, INC.				Ŋ
1317 California Street.				- 1
P.O. Box NOT acceptable				
	Tallahassee, FL 32312		77	
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its register;	p milester	
Such change wauthorized by the	as authorized by resolution duly ado ne board, or the corporation has been	opted by its board of directors or by an officer so in notified in writing of the change.	Ü	6
Signati	re of an officer or director	Printed or typed name and title	Q?	5
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agen to comply with the provisions of all all am familiar with and accept the ng filed merely to reflect a change i geen notified in writing of this cha	it and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the inge.	791	•
-VL/	<b>'</b>	8/11/2022		
Selt.	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Kent Rockwell				
7	yped or Printed 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)