	515937
(Requestor's Name) (Address) (Address)	900345418979
(City/State/Zip/Phone #)	06/03/2001016009 ★★35.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	2020
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Office Use Only	
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COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: Ball Construction, Inc. Name of Corporation

DOCUMENT NUMBER: 115937

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

Please return all correspondence concerning this matter to the following:

Ronald N. Marcotte	
Name of Contact Person	
Ball Construction, Inc.	
Firm/Company	
2135 Princeton St.	
Address	
Sarasota, FL 34237	
City/State and Zip Code	
balleon(a,ballconstructionf).com	
E-mail address: (to be used for future annual report notificat	ion)

For further information concerning this matter, please call:

 Lisa King
 at (⁹⁴¹)⁻⁴⁰⁴⁻⁹⁸⁸⁹

 Name of Contact Person
 Area Code & Daytime Telephone Number

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

Mailing Address Amendment Section

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

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 The name of the corporation: <u>Ball Construction</u>, Inc. The principal office address: <u>2135 Princeton St., Sara</u> 		
2. The principal office address:		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 5/22/1986	Document number:	
5. The name and street address of the current registere Florida Department of State. (If resigned, enter resigned)		vith the 2020
Daniel Ball		
1379 5th St.		
Sarasota, FL 34236		9
6. The name and street address of the new registered a (if changed):		
Daniel Ball		_
2135 Princeton St.		
	Box NOT acceptable	
Sarasota, FL 34237		
The street address of its registered office and the stre as changed will be identical.	eet address of the business office of i	its registered ager
Such change was authorized by resolution duly ador authorized by the board, or the corporation has been		
		RESIDENT
Signature to an ottice or director	Printed or typed name and	fille
Thereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the document is being filed merely to reflect a change in corporation has been notified in writing of this char	and agree to act in this capacity, tatutes relative to the proper and co obligation of my position as register the registered office address. There ge.	mplete performar ed agent. Or, if ti sby confirm that t
Signature of Register ed Agont	5/28/2020	
If signing on behalf of an entity:		
Typed or Printed Name		
* * * FILING	FEE: \$35.00 * * *	
	FLORIDA DEPARTMENT OF STATE	

MARE CHECKS PAYABLE TO FLORIDA DEPARIMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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