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Division of Corporations

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Account Name : HILL WARD HENDERSON

Account Number : 072100000520

Phone Fax Number

: (813)221-3900 : (813)200-5995

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REGISTERED AGENT CHANGE SPIVEY UTILITY CONSTRUCTION COMPANY

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

statement of ch	ange is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Sta pration organized under the laws of the State of $\overline{\text{Flo}}$	orida		
		fice or registered agent, or both, in the State of Flo.	rida.		
1. The name of	f the corporation: Spivey Utilit	ly Contraction Company			
2. The princips	al office address: 21032 Picasso	o Ct., K-201, Land O'Lakes, FL 34637			
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification: Augu	st 20, 1986 Document number: 129706			
5. The name ar		t registered agent and registered office on file with	the		
	Erik P. Raines, Esq.				
	101 E. Kennedy Blvd., Suite 3700				
	Tampa, FL 33602				
6. The name ar (if changed)		egistered agent (if changed) and /or registered office	I>		
	Daniel E. Spivey		JEN 20	- 625 -3	
	21032 Picasso Ct., K-201			, 	
	Land O'Lakes, FL 34637	P.O Box NOT acceptable	5 PH 1:57	O	
The street add as changed wi	ress of its registered office ar Il be identical.	nd the street address of the business office of its r	~	gent,	
Such change v authorized by	vas authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an of has been notified in writing of the change.	ficer so		
T) Samuel		Daniel E. Spivey, President			
•	ture of an officer or director	Printed or typed name and title			
I hereby accep I further agree of my duties, a document is be corporation hi	ot the appointment as register to comply with the provision and I am familiar with and ac eing filed merely to reflect a as been notified in writing of	red agent and agree to act in this capacity. ns of all statutes relative to the proper and compl cept the obligation of my position as registered a change in the registered office address, I hereby this change.	ete perform igent. Or i confirm tha	iance f this it the	
م ر ۔	S 25 A.	01/26/2022			
Signaturd of Registered Agent		Date			
If signing on b	ehalf of an entity:				
	Typed or Printed Name				
	***	FILING FEE: \$35.00 * * *			

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