(Requestor's Name)	
(Address)	
(Address)	300331919223
(City/State/Zip/Phone #)	
(Business Entity Name)	07/12/13-+61821601 *625.00
(Document Number)	
ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	2019 12 Fil 12: 19
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## COVER LETTER

**Registration Section** TO: **Division of Corporations** 

Shouppe Contracting, LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Shouppe

Name of Person

Shouppe Contracting, LLC

Firm/Company

9556 State Rd 228 South

Address

Macclenny, FI 32063

City/State and Zip Code

## stephen@shouppecontracting.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Shouppe	904 923-0522		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following	g amount:		
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## - STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:	ontracting,		
2. (a)	9556 State Rd 228 South	(b)	9556 State Rd 228 South	
2. (u)	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	(-/_	Mailing address of limited (Note: MAY BE POST	
	Macclenny, FI 32063	<u>^</u>	Macclenny, Fl 32063	
	12/10/2003	 L(	03000051764	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Stephen Shouppe			
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:	
	9556 State Rd 228 South			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
				6107
	Macclenny	<sub>FL</sub> 32063		19
(b)				N
(0)	Enter name of NEW Registered Agent and/or NEW Register	255:	P:112: 19	
				12:
	Chester Stephen Shouppe		61	
	NEW Registered Office Address:			
	9556 State Rd 228 South			
	Macclenny	FL		
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	laws of the S of the registe liability com s of the limite	red office and the business off pany, it is hereby confirmed th ed liability company or as other	ice of the registered at the change(s)
	hotes Halling Amagan		ter Stephen Shouppe	
Signa	fure of a member or authorized representative of a member	Printed or typed name of	signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this charge.

10U elin Ī. Signature of Registered Agent,

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00