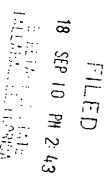
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COVER LETTER

TO: Registration Section Division of Corporations		
Architectural Construction Mar SUBJECT:	nagement L	LC
·	of Limited Li	ability 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 r	natter to the	following:
Thomas Renninghoff		
Name of Person	.	
Architectural Construction Management L	LC	
Firm/Company		
1455 Mariposa Cir #102		
Address		_
Naples, FL 34105		
City/State and Zip Code		_
RoyalRenovation@yahoo.com		
E-mail address: (to be used for future annua	report notifi	cation)
For further information concerning this matter, pla	ease call:	
Thomas Renninghoff	239	572-3982
Name of Person	at (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
Enclosed is a check for the following an	nount:	
☑ \$25 Filing Fee	□ \$ 5	5 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.

I. Na	ime of the limited liability company: Architectural C	onstruction Mar	nagement LLC
2. (a)	Thomas Renninghoff	(b)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1455 Mariposa Cir #102		
	Naples, FL 34102		
	07/14/2008	L0800006	68003
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Thomas Renninghoff		
. (u)	Registered Agent and Registered Office shown on the records of the 6235 Lancewood Way	e Florida Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Registered Office Address [MOST BET LONDASTREET AL	70KL33/	
	Naples 3	4116	-
	rL_	····	<u> </u>
(b)			
(0)	Enter name of NEW Registered Agent and/or NEW Registered O		
	1455 Mariposa Cir		
	NEW Registered Office Address:		-
	#102		_
	Naples 53	4105	
	, FL		-
the cha agent v was/w	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of clos of organization in the operating agreement of the li	he registered office pility company, it is the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
_/		Thomas Renninghoff	
Kışı ıl a	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to mcr	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided cly reflect a change in the registered office address, I he d in writing of this change	e to act in this cap erformance of my for in Chapter 605 reby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent		