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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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T. HAMPTON

OCT 1 8 2019

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	TRUCTION COMPANY, LLC mited Liability Company
Name of Life	nited Liability Company
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Christina Buchan	<u>.</u>
Name of Person	
The Law Office of Christina Buchan	, P.A.
rimi/Company	
6996 Piazza Grande Ave, Suite 2	213
	••
Orlando, Florida 32835	
City/State and Zip Code	
Christina@buchanlawfirm.com E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter,	, please call:
Christina Buchan	at (<u>407</u>) <u>299-6363</u>
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	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 608.416 or 608.508, 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. Name of the limited liability company:A&M_SIC	ONSTRUCTION COMPANY, LLC
2. (a) Principal office address of limited liability company	: 1717 S RIO GRANDE AVE
(Note: MUST BE STREET ADDRESS)	ORLANDO FL 32805
(b) Mailing address of limited liability company:	1717 S RIO GRANDE AVE
(Note: MAY BE POST OFFICE BOX)	ORLANDO FL 32805
10/24/2008	L08000100547
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	he records of the Florida Dept. of State:
Registered Agent:	AL RAHMANKHAH
Registered Office Address:	1717 S RIO GRANDE AVE ORLANDO FL 32805
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
<u>NEW</u> Registered Agent:	The Law Office of Christina Buchan, P.A.
NEW Registered Office Address:	6996 Piazza Grande Ave Suite 213
(MUST BE FLORIDA STREET ADDRESS)	Orlando ,FL32835
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the husiness office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member MANOOCHEHR RAHMANKHAH Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prant I am familiar with and accept the obligations of my po Chapter of the F.S. Or, if this document is being filled to me orders, hereby confirm that the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization of the control of the
Signature of Registered Agent	

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