L10000115264

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800397353548

i ti transfer transf

2022 TO PH 12: 19

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CUSIMANO CONSTRUCTION LLC 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 Cusimana Name of Person				
Cusimano Construction Firm/Company				
Firm/Company				
211 Dyer Zoad				
Address				
West Palm Beach, FL 33405 City/State and Zip Code				
i				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
San Hogen at (941) 330 - 4-605 Name of Person at (941) Area Code & Daytime Telephone Number				
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
	Tallahassee, FL 32303			
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 F LIMITED LIABILITY COMPANY

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

1. Na	ime of the limited liability company:	estruction LLC
		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach We	if Palm Bacch
	<u>FL 33405</u>	FL 33405
3.	$\frac{11 - 04 - 20i0}{\text{Date of filing/registration in Florida}} \qquad \frac{10}{4}$	2000115204
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of St 7725 Simon Zidge Ct. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	~
(b)	Kissimmee FL 34747 Stephen Cusimani	WZ HTV 10 PH IZ: 1
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	E B
	NEW Registered Office Address:	
	West Calm Beach FL 33405	_
change agent w was/we	imited liability company is not organized under the laws of the State of F or changes are made, the Florida street address of the registered office a will be identical. Or, in the case of a Florida limited liability company, it ere authorized by an affirmative vote of the members of the limited liabilities of organizations or the operating agreement of the limited liability co	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Si-min	sure of a member or authorized representative of a member	Printed or typed name of signee
I herel	by accept the appointment as registered agent and agree to act in this ca	pacity. I further agree to comply with the
provisi the obl to mere	ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 61 Ty reflect a change in the registered office address. I hereby confirm tha	duties, and I am Jamiliar with and accepts. F.S. Or, if this document is being filed the limited liability company has been

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

notified in writing of this change.

Signature of Registered Agent