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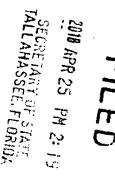
(Re	questor's Name)	
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APR 25 2018 J SHAVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Zechiel Construction UC 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:
Luxe Zechi'll Name of Person
Zechiel Construction UC Firm/Company
9920 Rebel Rd Address
Plnsawla FL 32526 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 2010 - 3621 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\textstyle \\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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	ume of the limited liability company: <u>Zechiel Construction</u> <u>UC</u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	S 23 11 LI 1000 96906 Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: QQ20 Rebal Rd Fansalola PL 32524 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	Junnifer A. Zechiel Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:
	NEW Registered Office Address:
the cha agent was/we the arti Signat I herel provisi- the obli- to mere	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ones of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatur	re of Registered Agent