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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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COVER LETTER

TO: Registration Division of 0	Section Corporations	ţ	•					
Liberty SUBJECT:	Concrete and Forming Cons	truction LLC						
<u></u> _	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registo	ered Agent/Registered Of	fice Change and t	fee(s) are submitted for filing.					
Please return all corr	respondence concerning th	nis matter to the f	ollowing:					
Gerald Johnson								
	Name of Person		_					
Liberty Concrete and I	Forming Construction LLC							
	Firm/Company		-					
13650 W Colonial Dri	ve Suite 190							
	Address		_					
Winter Garden, FL 34	787							
	City/State and Zip Code		_					
Bfiorillo@libertycfc.c								
E-mail address	: (to be used for future and	nual report notific	cation)					
For further informati	ion concerning this matter	, please call:						
Barbara Fiorillo		407	864-2325					
Nan	ne of Person		Area Code & Daytime Telephone Number					
P.O. Box 6	Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is	a check for the following	g amount:						
☑ \$25 Filing	g 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.

l. Na	me of the limited liability company:	berty Concrete and Fo	orming Cor	nstruction LLC	<u></u>
	13650 W Colonial Drive Suite 190 Winter		(b) 1365	0 W Colonial Drive Suite 19	00 Winter Garden, FL 34187
2. (a)	Principal office address of limited liabil (Note: MUST BE STREET ADI	ity company: DRESS)		Mailing address of limited (Note: MAY BE POS)	
3.	11/13/2012 Date of filing/registration in F	lorida 4.	L12000	Document number	
J.	Gerald P Johnson	iorida 4.		170canen namoci	
5. (a)	Registered Agent and Registered Office shown	of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				200
	Winter Garden	, FL_3478	7		2020 JUL 14
/I- \	Gerald P Johnson				F .
(b)	Enter name of NEW Registered Agent and/or	NEW Registered Office	<u>e address</u> :		PH 4: 14
	NEW Registered Office Address:				
	13650 W Colonial Drive Suite 190				
	Winter Garden	, FL 3478	7		
change agent v was/we the arti Signa	imited liability company is not organize or changes are made, the Florida street will be identical. Or, in the case of a Florice authorized by an affirmative vote of cles of organization or the operating ago ture of a member or authorized epresentative of by accept the appointment as registered one of all statutes relative to the proper ignations of my position as registered ago the reflect a change in the registered of	address of the regis orida limited liability the members of the reement of the limited a member	tered office company limited lia ed liability	ce and the business office it is hereby confirmed the ability company or as other company. Printed or typed name of capacity. I further agree	of the registered hat the change(s) erwise provided in of signee
notified	els reflect a change in the registered off I in writing of this change.	iCe address, 1 héreb	v confirm	that the limited liability c	ompany has been

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