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(Requestor's Name)						
(Address)						
(Address)						
(Ĉity/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE JUL 29 2024						
29 2024						

Office Use Only



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07/19/24--01014--016 **25.00



COVER LETTER

•	istration Section ision of Corporations					
SUBJECT:	RAZ Construction, LLC					
32233	Name of Limited Liability Company					
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.			
Please return	n all correspondence concernin	g this matter to the	e following:			
George W. G	ift, III					
	Name of Person					
Knott Ebelini	Hart					
	Firm/Company					
1625 Hendry	Street, 3rd Floor					
	Address					
Fort Myers, F	FL 33901					
	City/State and Zip Co	de				
ggift@knott-	aw.com					
E-mail	address: (to be used for future	annual report noti	fication)			
For further i	nformation concerning this ma	tter, please call:				
George W. G	ift, III	239 at (334-2722			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the follow	ing amount:				
= \$:	25 Filing Fee	- \$	S55 Filing Fee & Certified Copy			
INHS18 (2/14	3)					

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. N	ame of the limited liability company:	tion, LLC	C	
2. (a)			(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1601 Jackson Street, Suite 202		PO BOX 2	186
	Fort Myers, FL 33901		Fort Myers	FL 33902
	04/23/2013		L130000594	71
3.	Date of filing/registration in Florida	4.	1	Document number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records of	of the Flo	rida Dept. of State	:
	George H. Knott, Esq.			
	Registered Office Address (MUST BE FLORIDA STREE	TADDR	ESS)	
	1625 Hendry Street, 3rd Floor			
	Fort Myers	3390	1	
	, F	FL_3390	-	83
(b)				The state of the s
(0)	Enter name of NEW Registered Agent and/or NEW Registered			
				َ فَ .
	George W. Gift, III			
	NEW Registered Office Address:			79:
	1625 Hendry Street, 3rd Floor			
	Fort Myers, F	TL 3390	l 	
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members color organization or the operating agreement of the member of authorized representative of a member by accept the appointment as registered agent and agreement of the color	ne regist liability s of the l ne limite R	ered office and company, it is limited liability d liability component A. Zielinsk	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. ci, Manager Printed or typed name of signee
поприе	by accept the appointment as registered agent and agent ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	e perjoi led for i l hereby	mance of my din Chapter 605, confirm that th	uties, and I am jamiliar with and accept F.S. Or, if this document is being filed se limited liability company has been