## 11300017/428

(Requestor's Name)	_						
(Address)							
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## **COVER LETTER**

TO:	FO: Registration Section Division of Corporations					
SUBJ	SJECT: CONSTRUCTION DE FLORIDA LL Name of Limited Liability Compa	C				
	Name of Ellinea Elability Compa	iiy				
Dear S	r Sir or Madam:					
The er	enclosed Registered Agent/Registered Office Change and fee(s) are sub-	mitted for filing.				
Please	se return all correspondence concerning this matter to the following:					
	Name of Person					
	CONSTRUCTION DE FLORIDA LLC. Firm/Company					
	1125 NE 125 57., STE 210 A Address					
	MIAMI, FL 33161  City/State and Zip Code					
<u>I</u>	E-mail address: (to be used for future annual report notification)					
For fu	further information concerning this matter, please call:					
K	KHANIO ALI         at ( 863 )         E85           Name of Person         Area Code 8	2 - 1929 2 Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADD Registration Section Division of Corporation	on orations				
	Enclosed is a check for the following amount:					
	<b>2</b> \$25 Filing Fee	: Certified Copy				
INHSI	\$18 (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	nne of the limited liability company:CONSTA	UCTION 4	DE FLOXIDY	ALC
2 (a)	1175 NE 125 ST	(b)	1175 NE	125 5
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of	limited liability company:  POST OFFICE BOX
	STE RIO A		STR 210 A	·
	MIUMI, TL 33161		MIJMI FL	33161
	12 lieli3			
3.	Date of filing/registration in Florida	4.	Document nur	
5. (a)	KHAALID ALI			
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. o	f State:	
	8333 NW 535T			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		-\$\osigma_0
	SUITE 450			ECRETANA ELAHA
	<u>DOR4L</u> , FL	33166		HASSAH I
				ANNA ANNA P. I. I.
(b)	KHAALID ALL			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		100 12.
	113-115 3-7 63			7: #2 3: IAIE 3: LORID
	NEW Registered Office Address:		<u></u>	<b>&gt;&gt;</b>
	SUITE ZIOA	<del></del>		
	$M_1 A M_1$ , FL	33161		
If the li	imited liability company is not organized under the law	vs of the State o	of Florida, it is herel	ov confirmed that after
the cha	inge or changes are made, the Florida street address of	the registered of	office and the busine	ess office of the registered
was/w	vill be identical. Or, in the case of a Florida limited lia required by an affirmative vote of the members o	ibility company f the limited lia	, it is hereby confir ibility company or a	med that the change(s) s otherwise provided in
	cles of organization or the operating agreement of the			•
	hf 3	KH.	AAUID AUI Printed or typed	
	thre of a member or authorized representative of a member		· ·	2
provisi the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igativns of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act in this performance of I for in Chapter vereby confirm	capacity. I further my duties, and I an c605, F.S. Or, if th that the limited liab	agree to comply with the n familiar with and accept is document is being filed ility company has been
Signatu	e of Registered Agent			
	Division of Corporations • P.O. E	Box 6327● Tall	ahassee. FL 32314	
	FILING FI			