LIACCC C65 786

| (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



600334789466

09/30/19--01040--018 **55.00

2019 SEP 30 PH 1: 20
SECRETARY OF STATE
TALL AHASSEE: FLORIDA

** SULKER OCT 1 4 2019

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: Construction by De. Name of Limite | Sian, LUC ed Clability 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: |
| Dariel Edvardo Garcia Carmono Name of Person | <u>a</u> |
| Firm/Company | |
| 8870 NW 36 Street Address | |
| Doral PL 33178 City/State and Zip Code | |
| E-mail address: (to be used for future annual report r | notification) |
| For further information concerning this matter, please call | l: |
| Dariel Edvardo Garain (armona at (78) Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |

2661 Executive Center Circle Tallahassee, Florida 32301

□ \$25 Filing Fee

Enclosed is a check for the following amount:

Tallahassee, Florida 32314

💆 \$55 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.

| 1. | Name of the limited liability company:Construction | thon by | Design uc | | |
|-------|--|----------|--------------|---|--------|
| 2. (ε | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Doral, FL 33178 | | - | of limited liability company: BE POST OFFICE BOX) | |
| | Sept. 11, 2019 Date of filing/registration in Florida | | L14 000065 | • • • | |
| 3. | Date of filing/registration in Florida | 4. | Document n | umber | |
| | Registered Agent and Registered Office shown on the records of 11890 SW 8 Street Ste 514 Registered Office Address (MUST BE FLORIDA STREET Miami FL 33184 | ADDRESS) | | 2019 SEP 30 PH 1: 20 SECRETARY OF STATE TALLYAHAESEE. FLURIDA | = 1 |
| | 8870 NW 36 Street NEW Registered Office Address: 8870 NW 36 Street | .33178 | | | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Daviel Edvardo Carrioura

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

DATTEL