## L14000123568

| (Requestor's Name)                      |                   |             |  |  |  |
|---|-------------------|-------------|--|--|--|
| (Address)                               |                   |             |  |  |  |
| (Address)                               |                   |             |  |  |  |
| (City                                   | //State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |  |
| (Bus                                    | iness Entity Nar  | ne)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | Certificates      | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |
|   |                   |             |  |  |  |
|   |                   |             |  |  |  |
|   |                   |             |  |  |  |

Office Use Only



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## **COVER LETTER**

|              | egistration Section livision of Corporations  |                                   | * · · · · · · · ·  |  |  |
|--------------|---|-----------------------------------|--|--|--|
| SUBJEC       |   | LLC                               |  |  |  |
|              |   | Name of Limited Liability Company |  |  |  |
| Dear Sir o   | or Madam:   |                                   |  |  |  |
| The enclo    | sed Registered Agent/Registered   | Office Change and                 | d fee(s) are submitted for filing.   |  |  |
| Please ret   | urn all correspondence concerning   | g this matter to the              | following:   |  |  |
| SAMUEL       | ALMAZAN   |                                   |  |  |  |
|              | Name of Person  |                                   | <del></del>  |  |  |
| ALMAZA       | N CONSTRUCTION LLC  |                                   |  |  |  |
|              | Firm/Company  |                                   | <del></del>  |  |  |
| 2771 VIST    | 'A PARKWAY, UNIT F6   |                                   |  |  |  |
|              | Address   |                                   | <del></del>  |  |  |
| WEST PA      | LM BEACH, FLORIDA 33411   |                                   |  |  |  |
|              | City/State and Zip Cod  | le                                | <del></del>  |  |  |
| salmazan@    | galmazanconstruction.com  |                                   |  |  |  |
| E-ma         | ail address: (to be used for future   | annual report notif               | fication)  |  |  |
| For furthe   | r information concerning this mat   | ter, please call:                 |  |  |  |
| SAMUEL       | ALMAZAN   | 561<br>at (                       | 812-3672   |  |  |
|              | Name of Person  | (                                 | Area Code & Daytime Telephone Number   |  |  |
| R<br>D<br>P. | lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassec, FL 32314 |                                   | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |
| Eı           | nclosed is a check for the follow   | ing amount:                       |  |  |  |
| ٥            | \$25 Filing Fee   | <b>s</b>                          | 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. N                          | ame of the limited liability company: ALMAZAN CO   | NSTRU   | CTION I.  | .L.C   |
|-------------------------------|--|---|---|--|
| 2. (a)                        |  |   | (h)   |  |
| (4-)                          | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |   | (0)   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                               | 2771 VISTA PARKWAY, UNIT F6  |   | 2771  | VISTA PARKWAY, UNIT F6   |
|                               | WEST PALM BEACH, FLORIDA 33411   |   | WES   | T PALM BEACH. FLORIDA 33411  |
|                               | 12/19/2022   |   | L1400   | 0123568  |
| 3.                            | Date of filing/registration in Florida   | —<br>4.   |   | Document number  |
| 5. (a)                        | JESUS GARZA  |   |   |  |
| J. (u)                        | Registered Agent and Registered Office shown on the records of   | the Flori                                       | da Dept. c                                      | of State:  |
|                               | Registered Office Address (MUST BE FLORIDA STREET 2771 VISTA PARKWAY, UNIT F6  | ADDRE.  | SS)   |  |
|                               | WEST PALM BEACH  | 33411<br>L                                      |   | 2027   |
| (b)                           | SAMUEL ALMAZAN  Enter name of NEW Registered Agent and/or NEW Registered Office address:   |   |   | FILED<br>2022 PTC 28 PH 12: 52<br>331 District Care  |
|                               | NEW Registered Office Address:   |   |   |  |
|                               | 2771 VISTA PARKWAY, UNIT F6  |   |   |  |
|                               | WEST PALM BEACH  | 33411   |   |  |
| change<br>agent v<br>was/w    | 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 lieter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | e registe<br>ability of<br>of the li<br>limited | red office<br>company<br>mited lia<br>liability | ce and the business office of the registered<br>y, it is hereby confirmed that the change(s) ability company or as otherwise provided in   |
| Signa                         | ture of a member or authorized representative of a member  | -   |   | Printed or typed name of signee  |
| provisi<br>the obl<br>to merc | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I defin writing of this change.                               | ree to ac<br>perforn<br>d for in<br>hereby c    | et in this<br>nance of<br>Chapter<br>confirm    | capacity. I further agree to comply with the fmy duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been |
| Signatur                      | re of Registered Agent   |   |   |  |
| argnatu                       | ic or regagned rigem   |   |   |  |