## C1400holdo

(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:				
OONE				
JUL 25 2024				
JUL 25 2027				

Office Use Only



200433025362

07/16/24--01001--016 \*\*25.00



## **COVER LETTER**

	gistration Section ision of Corporations			
SUBJECT:	Build One Construction, LLC			
	Name of Limited Liability Company			
Dear Sir or	Madam:			
The enclose	d Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.		
Please return	n all correspondence concerning this matt	er to the following:		
George W. G	ift, III			
	Name of Person			
Knott Ebelini	i Hart			
	Firm/Company	<del></del>		
1625 Hendry	Street, 3rd Floor			
	Address	· · · · · · · · · · · · · · · · · · ·		
Fort Myers, F	FL 33901			
	City/State and Zip Code			
ggift@knott-l	aw.com			
E-mail	address: (to be used for future annual rep	ort notification)		
For further in	nformation concerning this matter, please	call:		
George W. Gi	ift, III	239 334-2722		
	Name of Person	Area Code & Daytime Telephone Number		
Reg Divi P.O.	ling 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		
Encl	osed is a check for the following amou	nt:		
<b>=</b> \$2	25 Filing Fee	☐ \$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:	uction, L.L.C	<u> </u>
2. (a)		<b>(b)</b>	
<b>-</b> . (-)	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)
	1750 NW 26th Avenue		
	Cape Coral, FL 33993	<del></del>	
	10/27/2014	L	.14000167106
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
(-/	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	George H. Knott, Esq.		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
	1625 Hendry Street, 3rd Floor		
	Fort Myers, FL	33901	
	, 1 L		
(b)			707
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	
	George W. Gift, III		
	NEW Registered Office Address:		
	1625 Hendry Street, 3rd Floor		
			<del></del> -
	Fort Myers	33901	ပ္။ တ
	Fort Myers		<del></del>
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility com f the limite limited lial	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
provisie the obli to mere notified	by accept the appointment as registered agent and agree of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have the control of this change.	ee to act in performan I for in Ch ereby conj	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been