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Pa.

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Emerald Coast Civil	Construction, LLC. Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this m	atter to the following:
Pat	Name of Person	
Em	erald Coax-civil Const	nution, Luc.
190	1 1. East Avenue Address	
Pan	ama City FL 32405 City/State and Zip Code	
tca	-mail address: (to be used for onture annual	report notification)
For fur	ther information concerning this matter, plea	se call:
Pa-	Wick Neuille a Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amo	ount:
	☑ \$25 Filing Fee	☐ \$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. Na	me of the limited liability company: Emerald	Coast Civil Construction
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 1901 N. East Avenue Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	Hanama City, FC 32405	
3.	5 20 2022 Date of filing/registration in Florida	L14000 716820 4. Document number
	Registered Agent and Registered Office shown on the records of to the state of the	ADDRESS)
, -	Panama City .FL. Patrick Neville Enter name of NEW Registered Agent and/or NEW Registered 1901 N. East Avenue NEW Registered Office Address:	
If the li	Panama City FL	ws of the State of Florida, it is hereby confirmed that after the
change agent w was/wei	or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial	registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
I hereb provision the obli- to merei notified	re stimember or authorized representative of a member of accept the appointment as registered agent and agrees of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address. I have no represented of the change of the change.	Printed or typed name of signee wee to act in this capacity. I further agree to comply with the performance of my duties, and I am Jamiliar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00