

214000196434

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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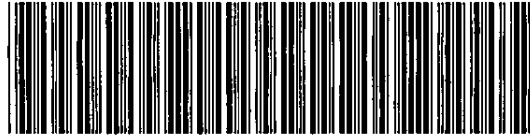
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(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

AUG 04 2015  
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TO: Registration Section  
Division of Corporations

SUBJECT: CONSTRUCTION AND ENERGY SERVICES  
Name of Limited Liability 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:

MICHAEL SKINNER  
Name of Person

CONSTRUCTION AND ENERGY SERVICES  
Firm/Company

10200 BELLE RIVE BLVD #65  
Address

JACKSONVILLE FL 32256  
City/State and Zip Code

DIYORNDT@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SKINNER at ( 850 ) 628 3123  
Name of Person  
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301  
MAILING ADDRESS: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee  
☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 and 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 AND ENERGY SERVICES

2. (a) 10200 BELLE RIVE BLVD #69

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

JACKSONVILLE, FL 32256

(b) \_\_\_\_\_

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

10200 BELLE RIVE BLVD #69  
JACKSONVILLE, FL 32256

3. 7/27/15  
Date of filing/registration in Florida

4. L 14000196434  
Document number

5. (a) SHERMAN STANLEY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6427 SIMCO DR  
JACKSONVILLE, FL 32277

(b) MICHAEL SKINNER  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

10200 BELLE RIVE BLVD #69  
JACKSONVILLE, FL 32256

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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]  
Signature of a member or authorized representative of a member

MICHAEL SKINNER  
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.

[Signature]  
Signature of Registered Agent