1500	014144
(Requestor's Name)	
(Address) (Address)	100274270371
(City/State/Zip/Phone #)	06/23/1501012020 **35.00
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	FILED 2015 JUL 24 P 4 SECRETARY OF STALLAHASSEE, FLOP
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2015

ALEX MALDONADO 850 123RD AVE. ST. PETERSBURG, FL 33706

SUBJECT: IMPACT CONSTRUCTION SERVICES DIVISION I LLC Ref. Number: L15000014144

We have received your document for IMPACT CONSTRUCTION SERVICES DIVISION I LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calls (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A0001



Division of Cornerations - P.O. BOX 6327 Tallahassee Florida 32314

COVER LETTER

TO: **Registration Section Division of Corporations**

Impact Construction Services Division 1, LLC Name of Limited Liability Company SUBJECT:

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:

Alex Maldonado

Impact Construction Services Division 1, LLC Firm/Company

4628 Freemont Terrace S. Address

St. Perkisburg FL 33711

<u>Alex. M @icsdi. com</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Maldonado at (708) 214-9599 Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

MAILING ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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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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: Impact Construction Services Division I, LLC 850 123rd 850 1231d 2. (a) (b) Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) St. Petersburg January 2 -15000014144 3. 4 stration in Florida Document number Hlex Maldonado 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 850 12310 (MUST BE FLORIDA STREET ADDRESS) Registered Office Address 33706 laldonar (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>: υ 4628 Freemont Terrace ÷ NEW Registered Office Address Petersburg 33711 , FL__ 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. Maldonado Printed or typed name of signee a Signature of a member or authorized representative of a member

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 of Registered Agent

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