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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Builtrite General Contractors Name of Limited Liability Company				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Raymond M. Masciana				
Name of Person				
Builtrite General Contractors				
Firm/Company				
15050 Elderberry Lane, Suite 3				
Address				
Fort Myers FL 33907				
City/State and Zip Code				
raybrgc@aol.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Ray M. Masciana 239 208-733	33			
Name of Person Area Code	& Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADI Registration Section Registration Sec Division of Corporations Division of Corp Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301	tion porations			
Enclosed is a check for the following amount:				
☑ \$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. Na	ame of the limited liability company:	al Cont	ractors	
2. (a)	15050 Elderberry Lane, Suite 3 Fort Myers FL	(b)	15050 E	Iderberry Lane, Suite 3 Fort Myers
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (~)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida Raymond M. Masciana	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of th	e Florida l	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET AL 11150 S. Cleveland Ave			7 _A 2
	Fort Myer, FL	33907		OTO H
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice addi	ress:	FILED 2018 HAY -4 PH 3: 3. ALLIAHASSEE FLORID.
	<u>NEW</u> Registered Office Address:			S S
	15050 Elderberry Lane			
	Fort Myers , FL ³	33907		
the cha agent v was/wo the arti Signat I herel provisi the obli to merce	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivil be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization or the operating agreement of the liability of a member of a member of a member of a member ons of all statutes relative to the proper and complete proper igations of my position as registered agent as provided by reflect a change in the registered office address, I held in writing of these layers.	he regist bility con the limit imited lia Rayr	ered office npany, it is ed liability com nond M.	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany. Masciana Printed or typed name of signee

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