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(Red	questor's Name)				
(Ada	dress)				
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(City	y/State/Zip/Phone	> #)			
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COVER LETTER :

TO:	D: Registration Section Division of Corporations								
SUBJE	UBJECT:								
Dear Si	r or Madam:								
	closed Registered Agent/Registered Office C	Thange and fee(s) are submitted for filing.							
	_								
Please r	eturn all correspondence concerning this m	atter to the following:							
	Hiram Marcos								
	Name of Person								
	aim con steel	LLC_							
	Firm/Company								
	14480 NW 260 C	NVC							
	Address								
	Opa-10cka, FL 3. City/State and Zip Code	3054							
- K	Herina @ aimaconste	report notification)							
For fur	ther information concerning this matter, ple	ease call:							
	Hiram Marcos	at (786) 9427377 Area Code & Daytime Telephone Number							
	STREET/COURIER ADDRESS:	MAILING ADDRESS:							
	Registration Section	Registration Section							
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327							
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314							
Enclosed is a check for the following amount:									
	\$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.

		· ~ · · · · · · ·	<u> </u>	1- 1- 1	11		
l. Na	ime of the limited liability company: $\underline{-\hat{\mathcal{U}}(t)}$	11 (11)	11110	1114 4	<u>-L</u>		
2. (a)							
(u)	Principal office address of limited liability company			dailing address of li	mited liability co	ompany:	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)			
	14481 Rui 24 ave						
	(Dalor4) FL 330	54					
	10/11/16		LIL	· Ett. 18	E MU		
3.	Date of filing/registration in Florida	4.		Document numb	per		
							
5. (a)	Registered Agent and Registered Office shown on the record	ds of the Florida L	Dept. of State	: :			
	Prancial Marcus						
	Registered Office Address (MUST BE FLORIDA STRE	Per Apparer					
		EET ADDRESS)					
	14480 MIL 26-00C						
	Cpa-lockic	ᇳ 2,2	DEG				
		. rt	<u></u>	•			
(b)							
(1)	Enter name of NEW Registered Agent and/or NEW Regist	tered Office addr	ess:		75 28		
					3.5	• -7	
	Hiran) Diarecs				SEP -		
	NEW Registered Office Address:			•			
	14486 ALC 26 ave	· · · · · · · · · · · · · · · · · · ·			AH 10:	1.1	
	a 1.	~ ·· ·			, Ö	1	
	COUTCURE	.FL 33	54		₹m ∞		
If the hotel	mited liability company is not organized under the nge or changes are made, the Florida street addres	e laws of the S	tate of Flo	orida, it is hereby and the busines	confirmed the of the	hat after e registered	
agent w	fill be identical. Or, in the case of a Florida limite	ed liability com	ipany, it is	s hereby confirm	ed that the ch	iange(s)	
was/we	re authorized by an affirmative vote of the member eles of organization or the operating agreement of	ers of the limit	ed liability	y company or as	otherwise pro	ovided in	
		the inflictiona	onny com	ipany.	1000		
Signal	ure of a/niember or authorized representative of a member	· - 	1.11	Printed or typed na	me of signer	, 	
	<i>i</i>						
provision the oblication to merc	ny accept the appointment as registered agent and ons of all statutes relative to the proper and comp gations of my position as registered agent as provity reflect a change in the registered office address in writing of this change.	t agree to act in dete performan wided for in Ch is. I hereby con	n this capa ice of my a apier 605 firm that i	icity, 1 further a duties, and 1 am , , F.S. Or, if this the limited liabil	gree to comp familiar with document is ity company (ny with the and accept being filed has been	

Signature of Registered Agent