

LN000018364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

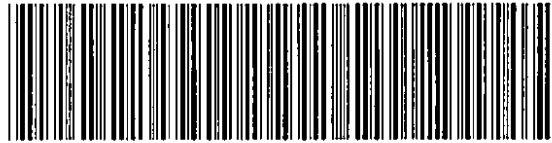
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP 23 AM 10:22

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TALLAHASSEE, FLORIDA

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A. BUTLER
SEP 26 2022

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 09/23/2022

Acc#I20160000072

en: c DW

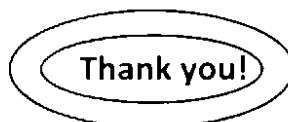
| | |
|-------------|---------------------------------------|
| Name: | Ogden Brothers Construction - CF, LLC |
| Document #: | |
| Order #: | 14551551 |

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|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
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| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/> |
| | Plain: <input checked="" type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 25.00



**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: OGDEN BROTHERS CONSTRUCTION - CF, LLC

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)

3. 01/24/2017 4. L17000018364
Date of filing/registration in Florida Document number

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

1 TOM RAB LANE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FORT MYERS, FL 33907

C T Corporation System

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

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.

/s/ Kevin W. Martin

Kevin W. Martin

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

By: C T Corporation System

Signature of Registered Agent

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