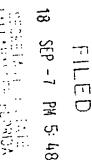
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COVER LETTER

_	sion of Corporations	. ;	•	
SUBJECT:	TALICA CONSTRUCTION (GROUP, LL	c	
30031.01.	Name of Limited Liability Company			
Dear Sir or M	Madam:			
The enclosed	d Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.	
Please return	n all correspondence concerning thi	s matter to the	e following:	
SANDY M	INTER			
	Name of Person			
TALICA C	ONSTRUCTION GROUP			
	Firm/Company			
298 69TH	ST NORTH			
	Address			
CLEARW	ATER, FL 33764			
	City/State and Zip Code			
SANDY@	TALICACG.COM			
E-mail	address: (to be used for future ann	ual report noti	fication)	
For further i	nformation concerning this matter,	please call:		
EDWARD	MINTER	727 at (519-5131	
	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		R D P	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee. Florida 32314	
Enc	losed is a check for the following	amount:		
≥ S	25 Filing Fee		355 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

	me of the limited liability company: TALICA CONSTRUCTION GROUP, LLC	TAl	LICA CONSTRUCTION GROUP
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: M.AY BE POST OFFICE BOX)
	298 69TH ST NORTH	298	69TH ST NORTH
	CLEARWATER, FL 33764	CLE	EARWATER, FL 33764
	03-08-2017	L170	00052730
	Date of filing/registration in Florida	4.	Document number
(a)	MARY MCKEOWN		
(417	Registered Agent and Registered Office shown on the records of 3116 66TH ST N	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	, o
	ST PETERSBURG, FI	33710	
(b)	SANDY MINTER		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	298 69TH ST N		
	NEW Registered Office Address:		
	CLEARWATER , FI	33764	
e cha ent v as/wo	imited liability company is not organized under the laining or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered lability compan of the limited li limited liabilit	office and the business office of the registery, it is hereby confirmed that the change(s) ability company or as otherwise provided in
110	ture of a member or authorized representative of a member		

Thereby 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