L17 000 164144

(Requestor's Name) (Address) (Address)	500305080355
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	10/30/170101800 8 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 17 OCI 30 AM 1: 56 SECREPARY III STATE IALLAHASSEE FLORIDA
Office Use Only	

* 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.

	lame of the limited liability company: Seminole St	ate Cons	truction, LLC		i		
				<u>-</u>			ı
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(D)	Mailing address of limi (Note: MAY BE PO		1.		-;- -
	850 Seminole Woods Blvd		850 Seminole Woods B	lvd			ļ
	Geneva, FL 32732		Geneva, FL 32732				
	05/10/17	1	_17000104194		1		
3.	Date of filing/registration in Florida	4.	Document numbe	г	İ		
5. (a	1						1
ઝ. (લ	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:		1		I
	Sylvia A Wilson			A S	17		i
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)					1
	456 S Central Ave			表员		77	I
	Oviedo	32765		133S	30		
	,			F.5	3		
(b))	···		황	5		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office add	ress:	A.	တ်		1
	James Hodges					1	
	NEW Registered Office Address:			j			
	850 Seminole Woods Blvd]			
				ļ			
	Geneva . F	1. 32732		1			
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an aftirmative vote of the members ticles of organization of the operating agroment of the	aws of the of the regis liability co of the limited li	tered office and the business mpany, it is hereby confirmed ted liability company or as of ability company,	office Lithat t	of the he cha	regist inge(s	ered)
	An 9/	Jam	es Hodges			<u>.</u>	
	nature of a member or authorized representative of a member		Printed or typed nam	Ĩ			
provi: the of to me:	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet oligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	gree to act te performa led for in C I hereby co	in this capacity. I further agonice of my duties, and I am fa hapter 605, F.S. Or, if this d nfirm that the limited liability	ree to c miliar ocume v comp	complewith with is locally any his	v with and ac being f as bee	the rcept iled n
Signat	ture of Registered Agent			-			
	Division of Corporations• P.O.	. Box 6327	• Tallahassee, FL 32314			1	

FILING FEE: \$25.00