117000137508

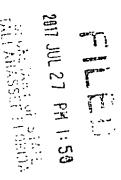
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiliess Littly Name)							
(Comment Number)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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IN HARRIE

COVER LETTER

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TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations						
SUBJECT:	ORIVE CONCRETE LLC						
SOBJECT.	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered Office C	lhange and fee	e(s) are submitted for filing.				
Please return	n all correspondence concerning this ma	atter to the fol	lowing:				
Teresa Av	⁄ila						
<u>.</u>	Name of Person						
Foremost	Professional Services Inc						
	Firm/Company						
2923 Han	over Court						
	Address	-					
Apopka, F	FL 32703						
	City/State and Zip Code						
-	rproser.com						
E-mail	address: (to be used for future annual	report notifica	ition)				
For further i	information concerning this matter, plea	ise call:					
Teresa Av		407	782-6734				
	Name of Person	`	Area Code & Daytime Telephone Number				
Reg Div Clif 266	REET/COURIER ADDRESS: gistration Section ision of Corporations iton Building 1 Executive Center Circle lahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
Enclosed is a check for the following amount:							
2 0 S	\$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.

1. Na	ame of the limited liability company: ORIVE CON	ICRETE	LLC				
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 860 FARRINGTON AVENUE DELTONA, FL 32725				
	860 FARRINGTON AVENUE						
	DELTONA, FL 32725						
	06/23/2017		L17000137508				
3.	Date of filing/registration in Florida	4.		Document numb	ber		
5 (X							
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	!			
	CARLOS ORIVE						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	7	•			
	850 FARRINGTON DRIVE				2011 2011		
	DELTONA F	32775		-			
					27 ASS		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1.000		-	E E		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office ad	<u>(tress</u> :				
					1: 58		
	NEW Registered Office Address:			-	7,		
	860 FARRINGTON DRIVE						
		-		_			
	DELTONA F	32775		-			
the ch	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regi liability co s of the lin te limited	stered office ompany, it is nited liabilit	e and the busines s hereby confirn y company or as npany.	ned that the change(s)		
Sien	ature of a member or authorized representative of a member			Printed or typed n	ame of signee		
I here provis the ob- to med notifie	why accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to ac le perform led for in I hereby c	t in this cap vance of mv Chapter 60; onfirm that	acity. I further duties, and I am 5, F.S. Or, if this the limited liabi	agree to comply with the Jamiliar with and accept s document is being filed lity company has been		