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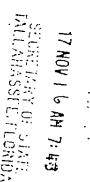
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COVER LETTER

TO:	Registration Section (
	Division of Corporations

LEVIT CONSTRUCTION LLC SUBJECT:	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
JOSUE LEVIT BELLO	
Name of Person	
LEVIT CONSTRUCTION LLC	
Firm/Company	
3718 WHITTIER ST	
Address	
TAMPA FL 33619	
City/State and Zip Code	
1A.TAX.SVCS@GMAIL.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
JOSUE LEVIT BELLO	813 451.5337
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	iount:
☑ \$25 Filing Fee	☐ \$55 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: LEVIT CONST		 	-
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3718 WHITTIER ST	ddress of limited liability company: ST BE STREET ADDRESS)		
	TAMPA FL 33619			
	06/28/2017	L	170001407	75
3. 5. (a)	Date of filing/registration in Florida JOSUE LEVIT	4.	Doo	cument number
(-,	Registered Agent and Registered Office shown on the records of th	e Florida I	Pept, of State:	
	Registered Office Address (MUST BE FLORIDA STREET A) 3718 WHITTIER ST	DDRESS)		17 NO SECRE TALL AH
	TAMPA ,FL3	3619		SSSARA PLAON PLAON
(b)	JOSUE LEVIT BELLO			99 ₹ 11.
(67	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addi	ess:	7: 48 CLORIDA
	NEW Registered Office Address:			
	, FL			
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he regist pility con the limit imited lia	ered office and apany, it is he ed liability co	d the business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in by.
Signat	ure of a member or authorized representative of a member		Prii	nted or typed name of signee
provisi the obl to merc	w accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I ha I in writing of this change.	e to act i performa for in Ci ereby coi	n this capacity we of my duti- napter 605, F., nfirm that the	:. I further agree to comply with the es, and I am familiar with and accep S. Or, if this document is being filed limited liability company has been

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

Signature of Registered Agent