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(Requestor's Name)		
(Address)		
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	y/State/Zip/Phone	<u> </u>
(CII	y/State/Zip/Prione	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(0.0	2,1,000	,
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Special Instructions to Filing Officer:		
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Office Use Only



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FILING CANCELLED RETURNED CHECK



D SCOTT JUL 19 2017

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CC CONCRETE Sarvices Inc. Name of 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 matter to the following:		
Joan Comico Name of Person GC Concrete Sarvices, Inc. FILING CANCELLED RETURNED CHECK		
Firm/Company 3736 S.E. 3rd Acc.		
Capl Cool, Fl. 33904 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Toon Comius at (251) 222-648/ 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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee		

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.

1. Name of the limited liability company: G.C. Covvato	anicos Toc.
2. (a) 3736 S.E. 3rd. A)6. Principal office address of limited liability company: Ma	illing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CO145719 Document number
5. (a) GOY GOMMENT Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3736 S.F. 30. QUC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) COOL COUL	FILING CANCELI RETURNED CHE
(b) JCON COMMON Enter name of NEW Registered Agent and/or NEW Registered Office address: 3734 S.E. 3rd Aug. NEW Registered Office Address:	THE TO THE THE
Cope Corol FL 33904	## 30
If the limited liability company is not organized under the laws of the State of Florithe change or changes are made, the Florida street address of the registered office a agent will be identical. Or, in the case of a Florida limited liability company, it is has/were authorized by an affirmative vote of the members of the limited liability company the articles of organization of the operating agreement of the limited liability company. Signature of a member of authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my due the obligations of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered office address, I hereby confirm that the	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in lany. Printed or typed name of signee
to merely reflect a change in the registered office address, I hereby confirm that the notified in writing of this change. Signature of Registered Agent	e limited liability company has been

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1. Name of the limited liability company:

FILING CANCELLED RETURNED CHECK

