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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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D. SCOTT DEC 1 3 2016

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Moothart Constact Name of Limited L	ich LhC iability Company	
Dear Sir or Magan:		
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	following:	
Name of Person Moot vart Construction Li Firm/Company 8431 Hart Dr. Address N. Ft. Myers Fl 33917 City/State and Zip Code	8: 12	
City/State and Zip Code		
E-mail address: (to be used for future annual report notificance) For further information concerning this matter, please call:		
Jusun Mouthart 239	Area Code & Daytime Telephone Number	
Registration SectionkeDivision of CorporationsDiClifton BuildingP.O.	AILING ADDRESS: Pagistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314	

☐ \$55 Filing Fee & Certified Copy

💆 \$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

Florida	
I. Na	ome of the limited liability company: Moothart Construction LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	8431 Hast Dr. 8431 Hast Dr.
	N. Ft. Myers, Fl 33917 N. Ft. Myers, Fl 330
3.	9-21-2017 L17000195950 Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5237 SUMMULLO COMMONS SUITE 400
	5237 Summerlia Commons Suite 400 gr. I
	F1 Musics FL 33907
īb)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	8 4 3 4 art Dr.
	N. Ft. Myers, FL = 33917
the cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after make or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the limited liability company. Tason Moothat Printed or typed name of signee
Licari provisi do obl to merc	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the fons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept lightions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this change.

Division of Corporations

◆ P.O. Box 6327

◆ Tallahassee, FL 32314

FILING FEE: \$25.00