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(Requestor's Name)								
(Address)								
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(City/State/Zip/Phone #)								
PICK-UP	WAIT MAIL							
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Certified Copies	Certificates of Status							
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Special Instructions to F	iling Officer:							
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COVER LETTER

го:	Regis	tration Sect	tion	
	DIAISI	ion or corp		
SUR IF	CT.	Gener	Name of Limited Liability Company	
30 DUL			Name of Limited Liability Company	
Dear S	ir or M	ladam:		
The en	closed	Registered	Agent/Registered Office Change and fee(s) are submitted for filing.	
Please	return	all correspo	ondence concerning this matter to the following:	
	Nel	Sun A	Name of Person	
			Name of Person	
			Firm/Company	Ţ.
(89	85 i	NE29	9th Ave Saite 700 PMB127 Address	TANA TANA
			Address	
J.	ven	twa	Firm/Company 9th Ave Suite 700 PMB127 Address FL 33(80) Ty/State and Zip Code	
<u>—</u>		Cit	ry/State and Zip Code	
	E-mail	address: (t	to be used for future annual report notification)	
For fu	ırther i	nformation	concerning this matter, please call:	
	1 2	0		
14	lels.	on Pola	at ()	
 -		Name o	of Person Area Code & Daytime Telephone Number	
	STE	REET/COU	URIER ADDRESS: MAILING ADDRESS:	
		istration Se	ection Registration Section	
		ision of Co	1	
		ton Buildin		
			Center Circle Tallahassee, Florida 32314 lorida 32301	
	Enc	closed is a	check for the following amount:	
		\$25 Filing I	Fice \$55 Filing Fee & Certified Copy	
INHS	518 (2/1	4)		

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.			_				
l. Nar	ne of the limited	liability company: _	Generava	Const	ruction ex	<u>c</u>	
	1700 116	200 Terroce		(b)	1300 NE ZX	TEXTENT	
2. (a) _	Delination I aff	ice address of limited liab	vility company	_ (1)	Mailing addre	ss of limited liability com	pany:
		MUST BE STREET AL				Y BE POST OFFICE BO	
	(<u>Note:</u>		/// <u>//////////////////////////////////</u>		\ <u></u>		
	el:am	E, FC 33,7	Ý		Miam:	EL 33179	
		1		_			
		9/21/2017			1 12000	45090	
				. —	L170001		
3.		filing/registration in	Florida	4.	Document	number	
5 (··)	Nols.	A. Polameic					
5. (a)	Registered Agent ar	nd Registered Office show	n on the records of th	e Florida Dep	t. of State:		
		200 Terrace					
	Registered Office A	ddress (MUST BE F.)	LOKIDA SI KEEL AI	DDRESS)			
				. 	<u></u>		
		0		7:17	C:	201	
		A. Polanco	, FL_	3347		2019 APR 29	Z)
	. 1 7	. 0.				THE R	
(b)	_ Nelson	A. PolANCO				29	产型方
	Enter name of NEV	Y Registered Agent and	or <u>NEW Registered (</u>	Office addres	<u>s</u> :	• •	Nos:
			,	0		P. 1	Ċ.
	18851	NE 290 AVE	Suite 700 F	M6 (2)	<u></u>		
	NEW Registered C	ffice Address:					
		 					
	^	1		27.0			
		ventura	, FL_	3318			
TC.1 1		Lunanu lu not oronn	issed under the law	e of the Sta	ate of Florida, it is	hereby confirmed th	at after
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	الممتعسيات باللثب	ICle in the eace of a	Monda limited Ha	miniv comr	iany il is neledy e	Office that the chi	######
wae/w	ere authorized by	an affirmative vote tion or the operating	of the members of	i ine limite	и парицу сотрав	y or as otherwise pro	vided iii
the art	icles of organiza	non of the operating	agreement of the	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	1 / A P	1.	
	1.1	1-C-	- C		elson A for	typed name of signee	
		authorized representative			• • • • • • • • • • • • • • • • • • • •	Ç.	ly with the
I here	by accept the ap	pointment as register	red agent and agr per and complete :	ee to act in performanc	this capacity. I fi se of my duties, an	irther agree to comp d I am familiar with	and accep
the ob	ligations of my p	osition as registered	agent as provided	d for in Cho	iptér 605, F.S. Or Irm that the limite	if ther agree to compliant of am familiar with this document is a diability company h	being filed as been
to mer	ely reflect a cha d in writing of th	nge in the registered its change.	office address, i r	iereby conj	irm mai me iimile	a mading company r	
Kignati	ure of Registered Ag	ent	· · · · · · · · · · · · · · · · · · ·				