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(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	WAIT M.	AIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 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:						
KEN WITHERU AMSTE Firm/Company	eutin 110					
11912 REM SEN SA	P/					
Allsonville F-L 32223 City/State and Zip Code						
E-mail address: (to be used for future annual	al report notification)					
For further information concerning this matter, please call:						
Key (1) Heav at 904 891-3359						
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
\$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.

. Na	me of the limited liability company:	WITHAN	LANSTRUCTION
2. (a)	• •	(b)	
(u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailin	g address of limited liability company: te: MAY BE POST OFFICE BOX
	11912 Ramsey Pd	//9/2	REMSEN Rd
	JACKSONVILLE, FL 32223	_Jack	sonille, FC 3022
	9/35/2012	7	17000 191906
3.	Date of filing/registration in Florida	4. Doc	ument number
5. (a)	Registered Agent and Registered Office shown on the records of the		
	Registered Agent and Registered Office shown on the records of the Agents of the Registered Office Address (MUST BE FLORIDA STREET AD	Agents, Inc	
	13302 Winding DAK Conf	· //	≅
	FL_	336/2	SP TI
(b)			- m
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:	
	Kry Withraw		MIN 15
	NEW Registered Office Address:	/	7* U
	///// Kiensien Kd.		
		32223	
he cha igent w was/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill 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 limited liability.	ne registered office and ility company, it is her the limited liability cor	the business office of the registered eby confirmed that the change(s) upany or as otherwise provided in
Siena	ure of Amember of authorized representative of a member	SKANE!	led or typed name of signee
herel provisi he obl o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided of Iv reflect a change in the registered office address. The Fin scriting of this change	to act in this conceits	I forther garee to comply with the
Signition	e of Registered Agent		

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