## L17000231022

(Re	equestor's Name)			
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(Ad	idress)	<del></del>		
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2021 FEB -8 AM 9: 10

O SIMMONS FEB 0 9 2021 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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EXAMINER:

## **COVER LETTER**

TO:	_	stration Section sion of Corporations		
SUBJI	ECT:	Blaine Oney Const. Compan	y, LLC DBA RESCC	N Restoration and Construction, LLC
			Name of Limited Li	ability Company
Dear S	ir or N	Aadam:		
The en	closec	Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return	all correspondence concernir	ng this matter to the f	following:
Mary (	Callah	an		
		Name of Person	- 10	_
RESC	ON R	estoration and Construction		
		Firm/Company		<del></del>
38 Cra	aft St.			
		Address		_
Newto	n, MA	02458		
		City/State and Zip Co	de	_
mcalla	han@	gorescon.com		
Е	-mail	address: (to be used for future	annual report notifi	cation)
For fur	ther in	nformation concerning this ma	itter, please call:	
Mary C	Callaha	an	617 at (	895-6501 )
		Name of Person		Area Code & Daytime Telephone Number
	Regi Divi P.O.	ling Address: Istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Encl	osed is a check for the follow	ving amount:	
	<b>□</b> \$2	25 Filing Fee	□ \$5	5 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.

1. N	lame of the limited liability company:	Const. Cor	mpany, LLC	DBA RESCON F	Restoration	& Cons	st. LLC	
2. (a)	2405 W/ Princeton St. Suite 3		(b) 2405 W Princeton St. Suite 3					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of li tNote: MAYBE			-	
	Orlando, FL 32804		Orlando,	FL 32804				
	November 9, 2017		L1700023	1022				
3.	Date of filing/registration in Florida	4.		Document numb	ber			
5. (a	NRAI Services, INC.							
2. (u	Registered Agent and Registered Office shown on the records of 1200 S Pine Island Rd.	of the Florid	la Dept. of Sta	de:				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>(S)</u>	_		2021		
	Plantation	33324 FL_		_	2	2021 FEB -		
(b)	Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress:	_		.8 AH 9:10	E 2007	
	1201 Hays Street				PA.	: -0		
	NEW Registered Office Address:			_				
	Tallahassee, I	<sub>FL</sub> 32301		_				
chang- agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the control of th	he register liability co s of the lin he limited	ed office an ompany, it i nited liabilit	nd the business of is hereby confirmity ty company or as apany.	fice of the red that the	register change	ed (s)	
Sign	ature of a member or authorized representative of a member		<u>.</u>	Printed or typed na	une of signee			
provis the ob to mei	thy accept the appointment as registered agent and agions of all statutes relative to the proper and completed ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	te perform led for in ( I hereby c	t in this cap ance of my Chapter 602 onfirm that	pacity. I further a duties, and I am j 5, F.S. Or, if this the limited liabili	gree to con familiar wid document l ity company	iply with and a is being has bo	h the accept giled een	
Signati	ure of Registered Agent							

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