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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: KOPSIC CONSTRUCTION, UC. 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:						
Derca Kops IC Name of Person						
Kopsic Construction, LC Firm/Company						
117 Melanklane Address						
Middleburg, Fl 32068 City/State and Zip Code						
dena & Kopsiconstruction.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Dana Kopsic at 904 720 - 7204 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 P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
\$25 Filing Fee \$\simeq\$ \$55 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. Na	me of the limited liability company:	Construct	ion LC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailit	ng address of limited liability conte: MAY BE POST OFFICE	
	middleburg, F132068	_mddi	eburg, F13	2008
3.	12/01/26/7 Date of filing/registration in Florida		b250528 cument number	
5. (a)	United States Capora Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:	nls, Inc.	
	13302 Winding Oak Cou Registered Office Address (MUST BE FLORIDA STREET AD			
	Tampa ,FL	33612		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	fice address:	DIB NOV -	_FT
	NEW Registered Office Address:		9 AM 9:	
	Middle	30h h		
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of teles of organization or the operating agreement of the limited liability.	e registered office and lity company, it is her he limited liability co	I the business office of the reby confirmed that the ch mpany or as otherwise pro-	e registered lange(s)
_	vire of a member or authorized representative of a member		nted or typed name of signee	
I herel	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe	to act in this capacity	e. I further agree to comp es, and I am familiar with	oly with the and accept

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent