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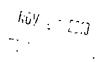
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To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS, P.A. Account Number : 076424003301 Phone : (813) 223-7474 Fax Number : (813) 227-0435 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** f Email Address: tgood@trenam.com LLC REGISTERED AGENT CHANGE STOKES CONSTRUCTION & MAINTENANCE, LLC RAC Certificate of Status 11/25/19 劉9-1803/TJC Certified Copy #L17000259548 Page Count 01 \$25.00 Estimated Charge \overline{U}

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursiant 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, of both, in the State of Florida.

141	ame of the limited liability company:				· · · · -			
(a)						address of lim		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					address of lim MAY BE PO		
	18050 SE Highway 19			18050 S	Livis E Highwa		MI DITIC	L DUN
		-				7 17		
	inglis, FL 34449			Inglis, F	L 34449	-		
	12/20/2017		L	.1 70002.5	9548			
	Date of filing/registration in Florida	- 4.	_		Docum	nent numbe	T	.:
(a)	William M. Stokes							
	Registered Office Address (MUST BE FLORIDA STREET 7090 SE 180th Street	ADDRE	ZZ)		_			
	Inglis F	34449 L						
(b)	TK Registered Agent, Inc. Enter name of NEW Registered Agent and/or NEW Registered 101 E. Kennedy Boulevard	d Office	ndd	<u>ress</u> :	_			
	NEW Registered Office Address:		_			:	6. 3 5. 3	
	Suite 2700					:	77.5	******
				_			13	
	Tampa	L 33602	:				to cn	1
	, F	L	_			•		:
ang gent as/w e.ar	limited liability company is not organized under the life or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members tigles of organization or the operating agreement of the agree of a member or authorized representative of a member.	e regist lability of the l e limite	con imi d lis	i office npany, i ted liabi	and the b t is hereb lity compompany.	usiness offi by confirme pany or as o d or typed nar	ice of the red that the potherwise p	registered change(s) provided i
Şigi	•							
neri rovis e ol me olifi	by accept the appointment as registered agent and of sions of all statules relative to the proper and complete ligations of my position as registered agent as providing the reflect a change in the registered office address, and in writing of this change.	gree to de e perfoi led for to hereby	ma ma n Ci o coi	in this co nce of n hapter o nfirm th	apocity. 19 duties, 105, F.S. at the lim	I further ag ænd I am fi Or, if ihls d nited liabilit	rree to con imiliar wi locument ly compan	in and acci is being fil y has been

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

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