US 0000 22196

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Dusiness Fakk II)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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05/14/18--01037--008 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations							
SHRI	FASTRACK CONSTRUCTION, LLC							
SUBJECT: Name of Limited Liability Company								
Dear S	Sir or Madam:							
The e	nclosed Registered Agent/Registered Offic	e Cha	ange and fee(s) are submitted for filing.					
Please	e return all correspondence concerning this	matte	er to the following:					
Carn	nen Cecilia Campoverde							
	Name of Person							
Fast	rack Construcion, LLC							
	Firm/Company		 					
6000	Taylor Road, Suite # 1							
	Address							
Nap	les, Florida 34109							
	City/State and Zip Code							
ccc(@fastrackconstructionllc.com							
	E-mail address: (to be used for future ann	ual rep	port notification)					
For f	urther information concerning this matter,	please	e call:					
Luis	A Escobar	at (2398774453					
	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		□ \$55 Filing Fee & Certified Copy					
INHS	S18 (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	Iame of the limited liability company: Fastrack Cons	structic	on, LLC	
2. (a)	Luis A Escobar	C	o)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6000 Taylor Road , Suite # 1			
	Naples, FL 34109	_ _		
	01/24/2018		L 180000	22190
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Luis A Escobar			
J. (J	Registered Agent and Registered Office shown on the records of to 15171 Cedarwood Ln Apt # 3204	he Florid	la Dept. of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET	1DDRES	<u>S)</u>	
				ALE CUI
	Naples	34111	0	WILLAHAY I
	, rL	·		ASP Y
(b	Carmen Cecilia Campoverde			
`	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	四, 二
	6000 Taylor Road			ORIDA
	NEW Registered Office Address:			•
	Suite # 1			_
	Naples , FL	34109) 	_
the c agen was/	e limited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	f the reg ability of of the li limited	gistered office company, it mited liabili I liability co	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
- Cia			JIS A ESC	
I he prov the c to m notij	mature of a member of authorized representative of a member preby accept the appointment as registered agent and age isions of all statutes relative to the proper and complete abligations of thy position as registered agent as provide erely reflect a change in the registered office address, I fied in writing of this change.	ree to a perfor d for in hereby	ct in this ca mance of my Chapter 60 confirm tha	Printed or typed name of signee pacity. I further agree to comply with the pacity, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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