L180000 52652

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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LL C RACH 6/18/23 Dc

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.

I. 8	lame of the limited fiability company:	onstruct	tion	. LLC
,	Principal office address of limited liability company (Nate: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2020 Salzedo Street, Suite 200			2020 Salzedo Street, Suite 200
	Coral Gables, FL 33134			Coral Gables, FL 33134
	03/01/2018		l.	.18000052652
3.	Date of filing/registration in Florida	- 4.	-	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of Harold Eisenacher	the Flori	da I	Pept, of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2020 Salzedo Street, Suite 200				
	Coral Gables	33134		
	, PI	٠,		
(b)				
, , ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office 1	uld	ew.
	Steven Vainder			
	NEW Registered Office Address:			
	2020 Salzedo Street, Suite 200			
	Coral Gables	22121		
	Coral Gables, F	r. <u></u>		
changagent was/w the art	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ero authorized by an affirmative vote of the members icles of organization of the operating agreement of the	registe ability of of the li limited	red con mit Hia	office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in yriting of this change.	i thirteire	11/11	we of my duties, and I am familiar with and accept
Signati	ire of Registered Agent			