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SECRETARY OF STATE
AHASSEE, FLORIDA

O SIMMONS JUN 1 9 2018

COVER LETTER

TO: Registration Section Division of Corporations					
SPADO CONSTRUCTION, L	_LC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the	following:			
Orlando Spado					
Name of Person	•				
Spado Construction, LLC					
Firm/Company					
748 Lighthouse Drive					
Address		_			
North Palm Beach, FL 33408					
City/State and Zip Code					
ori.spado@spadopools.com					
E-mail address: (to be used for future annu	ial report notif	lication)			
For further information concerning this matter, p	please call:				
Daniel Koleos	954 at (474-9929			
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			
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	ame of the limited liability company: Spado Cons	struction	1, LLU		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 748 Lighthouse Drive			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) hthouse Drive	
	North Palm Beach, FL 33408		North P	alm Beach, FL 33408	
	3/22/2018		L180000	074061	
3.	Date of filing/registration in Florida	4.	*	Document number	
5. (a)	Charles Hernicz				
J. (11)	Registered Agent and Registered Office shown on the records of 1460 Wood Row Way	of the Flori	da Dept, of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE.	<u>SS)</u>	- 1.0 %	
	Wellington, FL 33414			- PEGR - T	
		'L		FILED WID 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(b)	Daniel J. Koleos	SEE. P			
(*/	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	iddress:	- , GE &	
	8211 W. Broward Blvd., #330			Spirit I	
	NEW Registered Office Address:			_	
				_	
	Plantation	_L 3332	4 	_	
the cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability s of the li	gistered offic company, it mited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Ostrado O. Sando		0	rlando Spa		
Signa	ature of a member or authorized representative of a member	_		Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change, Daniel (), Koleoa	gree to a te perfor ted for it I hereby	et in this cap mance of my a Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep, 5, F.S. Or, if this document is being filed t the limited liability company has been	
Signatu	are of Registered Agent				