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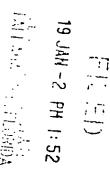
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

HS18 (2/14)

	Registration Section Division of Corporations		
SUBJEC	Sharp Edge Construction Ma	anagemei	nt, LLC
SOBJEC		e of Limite	d Liability Company
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning thi	s matter to	the following:
Daniel	J. Mahoney		
	Name of Person		
Sharp	Edge Construction Management	, LLC	
-	Firm/Company		
2100 S	SW 35th Ave.		
	Address		
Delray	Beach, FL 33445		
	City/State and Zip Code		
nahon	eydaniel@bellsouth.net		
E-r	mail address: (to be used for future ann	ual report n	otification)
or furth	ner information concerning this matter,	please call:	
aniel	J. Mahoney	954 at (325-0275
	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
1	Enclosed is a check for the following	amount:	
í	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

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.

) [2100 SW 35th Ave., Delray Beach, FL 33445	(b)	210	0 SV	N 35th Ave	e., Delray	Beach, FL 33
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ì	_	s of limited lia BE POST OF	bility company: FFICE BOX)
	June 1, 2018		180	0013	36471		
	Date of filing/registration in Florida	4.	_ 100		Document i	umbar	
	Daniel J. Mahoney	٦.			Document	Tarrio Ci	
.)	Registered Agent and Registered Office shown on the records of the	Florida	Dent o	of State	- -		
	2100 SW 35th Ave., Delray Beach, FL 33445	. 1 10111111	Dept. C	or Dian	~ .		
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)			_		
	2100 SW 35th Ave.						
	Delray Beach , 3	3445			-	بر. سرون	. 19
	FL				-	二 :	19 班元
) (Corinne Liebl					\$12 12 12	2
-	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:		-		구 ::
							PH 1: 52
	NEW Registered Office Address:				-	THE SECOND	52
	3776 NW 8th St.					>	: -
					-		
	Delray Beach	3445					
lir	mited liability company is not organized under the laws		State 6	of Flo	- orida itie he	ereby confir	med that after
ar	ige or changes are made, the Florida street address of the	ie regisi	tered o	office	and the bus	siness office	of the register
vei	ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the second of the members	the limi	ted lia	abilit	y company o		
tic	eles of organization or the operating agreement of the line	mited Ii	•		• •		·
4	ire of a mention or authorized representative of a member		D	anic	Printed or typ	honey	mee
eb	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- gations of my position as registered agent as provided) by reflect alchange in the registered office address. I he	to act erforma for in C reby co	in this	s can	acity. I furth	her avree to	.comply with th