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(((H19000159038 3)))



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## LLC REGISTERED AGENT CHANGE CARMONAS CONSTRUCTION GROUP LLC

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## 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	ame of the limited liability company: CARMONAS	CON	STRU	CTION GROUP LLC
2. (a)	Principal office address of limited liability company:	(	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of limited liability company: (Nota: MAY BE POST OFFICE BOX)
	2149 ALLSPICE AVENUE			
	ORLANDO, FL 32837	_		
	08/16/2018		L180	00196716
3.	Date of filing/registration in Florida	4,		Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.			
(-)	Registered Agent and Registered Office shows on the records of the 5237 SUMMERLIN COMMONS BLVD STE		ia Dept. o	of State;
	Registered Office Address MUST BE FLORIDA STREETA		(25)	
			<b>-1</b>	<b>.</b>
	FORT MYERS:	33907		<del></del> 5
	, FL	-		—— 特别 董 萱
(b)	ROCKET LAWYER CORPORATE SERVICE	ES LL	0	
(5)	Enter came of NEW Registered Agent and/or NEW Registered (	Mice Ro	dress:	
	155 OFFICE DI AZA DRIVE ACT EL COR			
	155 OFFICE PLAZA DRIVE, 1ST FLOOR			<u> </u>
	NEW Registered Office Address:			3
	TALLALIAGOET	<del></del>		<del></del>
	TALLAHASSEE ,FLS	32301		<u></u>
ne ena gent w vas/we	mited liability company is not organized under the law- orge or changes are made, the Florida street address of ta- vill be identical. Or, in the case of a Florida limited liab- re authorized by an affirmative vote of the members of cles of preamization or the operating agreement of the li-	he regi fility co	stered of ompany	office and the business office of the registered  it is hereby confirmed that the change(s)
	ignature of a member or authorized representative of a member			SCHOLL, AUTHORIZED REPRESENTATIVE
149				Printed or typed name of signec
he obli o mere	y accept the appointment as registered agent and agree one of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to ac erform for in t ereby c	t in this ance of Chapter orgirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatur	e of Registered Agent	-		

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

INHS18 (2/14)

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