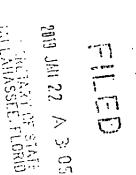
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1/20/10/05

COVER LETTER

	COVER DETTER
TO: Registration Section Division of Corporations	
SUBJECT: A Concrete & Bri Name	cks Construction LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Albert Howard Name of Person	
A Concrete & Bricks (onstruction LLC
6014 Melbourne Ave Address	
Oylando FL 32836 City/State and Zip Code	S ELGAND
A-Construction @ yahoo. E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Albert Howard Name of Person	at (427) 247 - 8045 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 a	amount:
FOS Filling Foo	C \$55 Filing Fee & Certified Conv

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.

rioria	
1. N	ame of the limited liability company: A Concrete & Bricks Construction LLC
2. (a)	(b)
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6014 Melbourne Ave 1324 Sassafras pre
	Orlando Florida 32835 altamente Springs FL 3274
	1/8/2019 <u>L1900009736</u>
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Albert Howard
,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 6014 Melbourne Ave Ovlando FL 32835 Volanda levez lovves Entername of NEW Registered Agent and/or NEW Registered Office address: 6014 Melbourne Ave NEW Registered Office Address:
	0 (lando ,FL 3 3835
the chagent was/w the ar Sign I herrorist the one notific	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company. A best for typed name of signee The printed or typed name of signee The proper and complete performance of my duties, and I am familiar with and accept a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed the proper and complete address, I hereby confirm that the limited liability company has been as in writing of this change. The proper and complete performance of my duties, and I am familiar with and accept the proper and complete address, I hereby confirm that the limited liability company has been and in writing of this change. The proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties, and I am familiar with and accept the proper and complete performance of my duties.

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