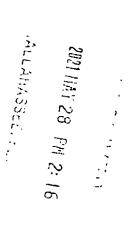
## 19000044792

(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:				

Office Use Only



900366816349



MATERIAL SECTION OF THE COLUMN SECTION OF TH

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 832598 8059272					
AUTHORIZATION DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DE L					
COST LIMIT S 35.00					
ORDER DATE: May 26, 2021					
ORDER TIME : 9:32 AM					
ORDER NO. : 832598-005					
CUSTOMER NO: 8059272					
CHANGE OF AGENT					
NAME: BOWHEAD CONSTRUCTION, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					
EXAMINER.					

## COVER LETTER

	FO: Registration Section Division of Corporations				
SUBJECT	BOWHEAD CONSTRUCTION, LLC				
	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please retur	n all correspondence concerning this matte	r to the following:			
_Jec	Mette Scintiago Name of Person	· · ·			
Souhead Construction, LLC Firm/Company					
8348	Address Street	<del>'t</del>			
Doro	City/State and Zip Code	<del></del>			
E-mail address: (to be used for future annual report notification)					
For further in	nformation concerning this matter, please c	all:			
Jeane	Name of Person at (	Area Code & Daytime Telephone Number			
Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 shassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:					
<b>□</b> \$2	5 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. N	ame of the limited liability company:  BOWHEAD CO	DNSTRUCT	FION, LLC
2. (a)		(b)	-
	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	02-13-2019	L	19000044792
3. 5. (a)	Date of filing/registration in Florida HUBERT E. GONZALEZ	<u> </u>	Document number
J. (u)	Registered Agent and Registered Office shown on the records of 8348 NW 56TH STREET	f the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	,
	DORAL . FI	33166	<del></del>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addre	<u></u>
	Corporation Service Company		
	NEW Registered Office Address: 1201 Hays Street		
	Tallahassee . FL	32301	
ange gent was/we he arlice state of the control of	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the limited of a member or authorized representative of a member of a member of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have the complete of this change.	registered of ability comp of the limited liability comparison of the limited liability control of the limited liability control of the liability	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.  Control  Printed or typed name of signer