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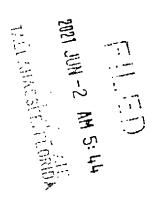
| | (Requ | uestor's Name | e) | |
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| | (Busi | ness Entity N | ame) | |
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| Certified Copies | | Certificat | es of Sta | atus |
| | | | | <u> </u> |
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| Special Instructions | to Fi | iling Officer: | | |
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Office Use Only



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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

| Divi | sion of Corporations | | | | | | |
|----------------|--|-----------------------------------|---|--|--|--|--|
| SUBJECT: | Breaux's Maintenace & Construction LLC | | | | | | |
| SUBJECT. | N | Name of Limited Liability Company | | | | | |
| Dear Sir or N | Madam: | | | | | | |
| The enclosed | d Registered Agent/Registered C | office Change a | nd fee(s) are submitted for filing. | | | | |
| Please return | all correspondence concerning | this matter to th | ne following: | | | | |
| Jeramie Breau | ux | | | | | | |
| | Name of Person | | | | | | |
| Breaux's Mair | ntenace & Construction LLC | | | | | | |
| | Firm/Company | | | | | | |
| 715 West 13th | h ST Apt. 15 | | | | | | |
| | Address | | ······· | | | | |
| Panama City, | Florida 32401 | | | | | | |
| | City/State and Zip Code | ; | | | | | |
| kozmod1980(| @gmail.com | | | | | | |
| E-mail | address: (to be used for future a | nnual report no | tification) | | | | |
| For further in | nformation concerning this matt | er, please call: | | | | | |
| Jeramie Breat | ux | 985 at (| 226-8664 | | | | |
| | Name of Person | at (| Area Code & Daytime Telephone Number | | | | |
| <u>Mai</u> | iling Address: | | Street Address: | | | | |
| Reg | istration Section | | Registration Section | | | | |
| | ision of Corporations | | Division of Corporations | | | | |
| | . Box 6327 | | The Centre of Tallahassee | | | | |
| Tall | ahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Enc | losed is a check for the followi | ng amount: | | | | | |
| ■ \$ | 25 Filing Fee | ۵ | \$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.

| . (a) | | (b) | |
|--------------------------------------|---|---|---|
| ` ' | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 114 Chauvin St. | | |
| | Chauvin, LA. 70344 | | |
| | 06/03/2019 | L19000 | 146774 |
| | Date of filing/registration in Florida | 4. | Document number |
| (a) | United States Corporation Agents, INC. | | |
| (a) | Registered Agent and Registered Office shown on the record | s of the Florida Dept. of | State: |
| | Registered Office Address (MUST BE FLORIDA STRE | ET ADDRESS) | 2021 |
| | 5575 S. Sermon Blvd. Suite 36 | | |
| | Orlando | . FL_32822 | 2021 JUN-2 AM 5: 44 ALL AHASSEL FLORID |
| (b) | Jeramie Breaux | | AM 5: 44 |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> . | ered Office address: | ORIDA |
| | NEW Registered Office Address: | | |
| | 715 West 13th St. Apt 15 | | |
| | Panama City | , FL ³²⁴⁰¹ | |
| hange gent v vas/we he arti | imited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of | the registered office d liability company, ers of the limited lial the limited liability | e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in |
| رول_ | ture of a member or authorized representative of a member | Jeramie Brea | |
| | ture of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as provely reflect a change in the registered office address | | Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am Jamiliar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been |

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