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COVER LETTER

TO: Registration Section Division of Corporations

Construction Crew, LLC Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Melisandy Corporan

Firm/Company

Atlantic Blud Apt B-01 3952

Jacksonville, FL 37707 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer M. Corporan at (904) 966-9930 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

Enclosed is a check for the following amount:

25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compesubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

(a) <u>3</u>	6680 SW 150th LOUP Ocala,1	2 1	'b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	34473		Mailing address of limited (Note: MAYBE POST	l liability compar
			· · · · · · · · ·		
_					
	Duly 23, 2019 Date of filing/registration in Florida		41	9000188551	
	Date of filing/registration in Florida	4.		Document number	
a) _	Maria D. Perez egistered Agent and Registered Office shown on the records				
Re	egistered Agent and Registered Office shown on the records	of the Florid	la Dept. of	State:	
	952 Atlantic Blud Apt B-OI				
	anistarial Othina Address - MUST RE FLOPIDA STREE		S.		
	egistered Office Address <u>(MUST BE FLORIDA STREE</u>		<u>(S)</u>		
		<u>T ADDRES</u>			
	egistered Office Address <u>(MUST BE FLORIDA STREE</u> JackSonuille	<u>T ADDRES</u>		 <u>1</u>	
	Jacksonuille	<u>T ADDRES</u>	220-		
- - -		<u>T ADDRES</u>	270-		20
) En	Jacksonuille Jennifer Melisanty Corp ner name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	T ADDRES	ddress:		2015
) = En	Jacksonuille Jennifer Melisandy Corr	T ADDRES	ddress:		2015
	Jacksonuille Jennifer Melisandy Corp ner name of <u>NEW Registered Agent</u> and/ock <u>EW Register</u> 2952 Atlantic Blud Ac	T ADDRES	ddress:		
	Jacksonuille Jennifer Melisandy Corp ner name of <u>NEW Registered Agent</u> and/ock <u>EW Register</u> 2952 Atlantic Blud Ac	TADDRES	ddress:		2015 11 1.: 10: 20

If the limited hability company is not organized under the faws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registe agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided it the articles of organization or the operating agreement of the limited liability company.

Jenniker M. Corporan Printed or typed name of signee Signature of a member or anthorized representative of a member

Jhereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with i provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fit to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Ag

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