L200000 74919

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INHS18 (2/14)

TO:	Registration Section Division of Corporations	\$ '\	
SUBJI	IDC ENGINEERING & CONS	TRUCTION LLC	
SUBJI	ECT:	Name of Limite	d Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning	ng this matter to	the following:
AGOS	TINA TIZZANO		
	Name of Person		 _
LAW (OFFICE OF VALERIA SCHVARTZM.	IN P.A.	
	Firm/Company		
12550	BISCAYNE BLVD, SUITE 406		
	Address		
NORT	H MIAMI, FL, 33181		
	City/State and Zip Co	nie –	
AGOS	TINĄ@SCHVLAW.COM		
E	-mail address: (to be used for future	annual report n	otification)
For fur	ther information concerning this ma	atter, please call:	
AGOS'	TINA TIZZANO	305 at (7099850
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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 follow	wing amount:	
	■ \$25 Filing Fee		1 \$55 Filing Fee & Certified Copy



August 1, 2020

AGOSTINA TIZZANO LAW OFFICE OF VALERIA SCHVARTZMAN, P.A. 12550 BISCAYNE BLVD - STE. 406 NORTH MIAMI, FL 33181

SUBJECT: IDC ENGINEERING & CONSTRUCTION LLC

Ref. Number: L20000074919

We have received your document for IDC ENGINEERING & CONSTRUCTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signature of the manager/member signing the form and the new registered agent does not match.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00014446

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BULLIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liabil, submits the following statement in order to change its registered office or registered agent, or both, in the State

2. (a)	520 NW 165TH STREET, SUITE 212C	1	(b) 520 NW	1,65TH STREET, SUITE 212C
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability c (Note: MAY BE POST OFFICE
	MIAMI, FL 33169		МІАМІ, І	FL 33169
			 -	. '
	MARCH 06, 2020		1.20000074	4419
3.	Date of filing/registration in Florida	4.	-	Document number
5. (a)	LAW OFFICE OF VALERIA SCHV/,RTZMAN PA			
. ()	Registered Agent and Registered Office shown on the records of	the Flori	da Dept, of Sta	de:
	12550 BISCAYNE BLD			
	Registered Office Address (MUST BE FLORIDA STREET) STE 406	<u>ADDRES</u>	<u> </u>	7020 ? ·
	NORTH MIAMI , FL	33181		
(b)	DANIEL A CARRERA finter name of NEW Registered Agent and/or NEW Registered 520 NW 165TH ST	l Office a	address:	_
	NEW Registered Office Address:			, -
	SUITE 212C			_
	MIAMI, FI	33169		_
change agent was/we he arti- Signat	mited liability company is not organized under the lay or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of deep of organization or the operating agreement of the tree a member or authorized representative of a member by accept the appointment as registered agent and agreement of the operating agreement of the operating agreement of the operations.	registe ability cof the limited DA	red office are company, it is inited liability con ANIEL A CA	nd the business office of the regis hereby confirmed that the chity company or as otherwise prompany. RRERA Printed or typed name of signee pacity. I further agree to comp
he obli o merc	ons of all statutes relative to the proper and complete stations of my position as registered agent as provided by reflect a change in the registered office address. It in writing of this change.	perjorn d for in hereby o	vance of my Chapter 60, confirm that	autes, and t am familiar with 5, F.S. Or, if this document is the limited liability company i

FILING FEE: \$25.00

INHS18 (2/14)

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314