L20000198405

_	(Requesto	or's Name)			-
	(Address)				
	(Address)				
	(City/State	e/Zip/Phone	#)		
PICK-UP		WAIT	[MAIL	
	(Business	Entity Name	e)		
	(Docume	nt Number)			
ertified Copies	_	Certificate	s of Statu	JS	
Special Instructions to	Filing Offi	icer:			

Office Use Only



800416971968

FILED
2023 OCT -9 AM II: 10
2023 OCT -9 AM II: 10

DIBECTONIA

次形でなってし

D.

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I	200000001	95						
REFERENCE	: 0	30865	8298441						
AUTHORIZATION	: _1	1) All							
COST LIMIT	: \$	25.00	na						
ORDER DATE : October 3, 2023	~								
ORDER TIME : 12:56 PM									
ORDER NO. : 030865-038									
CUSTOMER NO: 8298441									
<u>CHANGE OF AGENT</u>									
NAME: SPARROW CONST LLC	RUCTI	ON FLORID	Α,						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Eyliena Baker	<u>E</u>	XT#							

EXAMINER:

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.

i.	Na	me of the limited liability company: SPARROW CO	NSTRU	СТ —	CTION FLORIDA, LLC	
2.	(a)		(b)	o)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liabili (Note: MAY BE POST OFF)	ity company:
		2500 BEE CAVES ROAD, BLDG.1 SUITE 380			2500 BEE CAVES ROAD, BLDG.1	SUITE 380
		AUSTIN, TX 78746	_		AUSTIN, TX 78746	
		07/10/2020		ı	L20000198405	
3.		Date of tiling/registration in Florida	4.		Document number	
5.	(a)					
	()	Registered Agent and Registered Office shown on the records of The Fowler Firm, P.A.	the Florid	ia I.	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET)	2			
		111 N. Orange Avenue Suite 800	75	9 19 19 19		
		Orlando . FL	32801		TAKE.	FILET
						9
	(b) .	Enter name of NEW Registered Agent and/or NEW Registered Office address:			dress:	ED ED
				= -		
		Corporation Service Company			#10 # 10 # 10 # 10 # 10 # 10 # 10 # 10	6
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee . FL	32301			
cha age was	nge nt w s/we	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 cles of organization or the operating agreement of the	registere bility co f the lin	ed om nit	d office and the business office of the mpany, it is hereby confirmed that the ited liability company or as otherwise	registered change(s)
		STILL CILMI	JILI	L (CILMI, AUTHORIZED PERSON	
S	gnati	ure of a member or authorized representative of a member			Printed or typed name of signed	•
pro the to n	visio obli _j rere	y accept the appointment as registered agent and agreens 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 hely when the blooms	ee to act perform I for in (ereby co	t ir an Ch on	in this capacity. I further agree to co nce of my duties, and I am familiar w hapter 605, F.S. Or, if this document nfirm that the limited liability compar	mply with the ith and accept is being filed ny has been
iioti	yreu	Tin writing of this change.	GRA	١C	CE E KIRBY, ASST. VICE PRESIDI	ENT
Sig	natur	e of Registered Agent				