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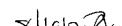
(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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COVER LETTER

P: Registration Section Division of Corporations						
SUBJECT: WEST OPANDO CONSTRUCTION LLC Name of Limited Liability Company						
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:						
JORYE JERUA Name of Person						
WEST DRLANDO CONSTRUCTION LLC Firm/Company						
142 in Magne lie St Address						
Apopla FL 32703 City/State and Zip Code						
City/State and Zip Code WE mail address: (to be used for fluture annual report notification)						
For further information concerning this matter, please call:						
Name of Person at (407) bl8 9994 Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations						

Enclosed is a check for the following amount:

2 \$25 Filing Fee

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

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			Λ.,	
l. Na	me of the limited liability company: West ORLA	N00 (Lonstruc	tion LLL
2. (a)	142 W Magnatic St		b)	
2. (2)	Principal office address of limited liability company:	`		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	Apopica FL 32703			
	July 30th 2020		120001	0728375
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	RPGISTERIA AGENTS INC.			
o. ()	Registered Agent and Registered Office shown on the records of	f the Florid	la Dept. of State	::
	7901 4th ST NSTE 300			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	
	St Presburg FL 33702			
	, ,	,		
	, F	L		
(b)	Jonal harcie			
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	·
	Wat at the state			• •
	142 Kl Mayrolla St	· · · · · · · · · · · · · · · · · · ·		
	NEW Registered Office Address:			
	Arupila, FL 32703		· · · · · · · · · · · · · · · · · · ·	-
	Λ :/	33	1/13	·. 5
	F PUP LA	r	103	
If the 1	imited liability company is not organized under the la	ws of th	e State of Flo	orida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited l	of the reg liability o	istered office company, it is	e and the business office of the registered s hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members	of the lin	mited liabilit	y company or as otherwise provided in
the arti	icles of organization or the operating agreement of th			
Signa	ture of a member or authorized representative of a member		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	Printed or typed name of signee
I hara	hy accent the annointment as registered agent and as	gree to a	ct in this cap	acity. I further agree to comply with the
provisi the obt to mer	ions of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, l	e perfori ed for in hereby	nance of my Chapter 605 confirm that	duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
попри	d'in writing of this change.			
Signatu	re of Registered Agent			