## 121000027527

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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## **COVER LETTER**

то:	Amendment Section Division of Corporations	•
SUBJ Name	ECT: Plus Point Construction LLC of Corporation	——————————————————————————————————————
DOC	UMENT NUMBER: L21000027527	
The er	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	s matter to the following:
Dejua	n Wallace	
Name	of Contact Person	<del></del>
Plus P	oint Construction	
Firm/0	Company	<del> </del>
4600	Fouchton Rd bldg 100 ste 150	
Addre	SS	
-	nville Fl 32246	
City/S	tate and Zip Code	<del></del>
	dwallace@pluspointconstruc	tion.com
E-mai	il address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter, p	please call:
Dejuan Wallace		at ( 904 ) 527-9953  Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a corporatio	$617.0502$ , $607.1508$ , or $617.1508$ , Florida on organized under the laws of the State of $\underline{}$ or registered agent, or both, in the State of $\underline{}$	Florida
1. The name of t	he corporation: Plus Point Constr	uction	
	office address: 4600 Touchton Rd		
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: <u>01 - 11 -</u>	2021_Document number: L210	<u> </u>
	street address of the current regiment of State: (If resigned, enter	stered agent and registered office on file wir resigned)	ith the
	Brittany Walters		
	4600 Touchton rd Bldg 100 Ste 1:	50 Jacksonville Ft 32246	_
(if changed): The street address changed will	Dejuan Wallace  4600 Touchton Rd Bldg 100 Ste I  ss of its registered office and the be identical.	P.O. Box NOT acceptable  restreet address of the business office of its	25 M 9: 57 s registered agent.
authorized by the	e board, or the corporation has l	adopted by its board of directors or by an been notified in writing of the change.	orneer so
Signature	of an officer or director	Dejuan Wallace/Owner  Printed or typed name and till	115
i juriner agree u of my duties, and document is bein	he appointment as registered a o comply with the provisions of l I am familiar with and accept up filed merely to reflect a chan been notified in writing of this o	gent and agree to act in this capacity. all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address. I hereh	
D.W	allo	07.18.2023	
	ature of Registered Agent	Date	
If signing on beh	an or an entry.		
Dejuan Wallace	ped or Printed Name	_	

\* \* \* FILING FEE: \$35.00 \* \* \*