## LZ1000089401

•		
(Re	questor's Name)	
(Ad	dress)	_
•	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
<u> </u>		

Office Use Only



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05/17/21--01014--005 \*\*25.00



## **COVER LETTER**

. . . .

TO:	Registration Section Division of Corporations								
	HIGH QUALITY CONSTRUCTIO	N LLC							
SUBJI	ЕСТ:								
	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Off	fice Change and	d fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the	e following:						
ANAM	TILE FERRAGUT								
	Name of Person								
HIGH	QUALITY CONSTRUCTION LLC								
	Firm/Company		<del></del>						
3325 A	ARPORT PULLING RD UNIT 18								
	Address								
NAPL	ES_FL 34105								
	City/State and Zip Code								
namile	18@yahoo.com								
E	E-mail address: (to be used for future and	nual report noti	fication)						
For fu	rther information concerning this matter	, please call:							
ANAN	AILE FERRAGUT	239	860-1216						
	Name of Person	at (	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 following	g amount:							
	■ \$25 Filing Fee	<b>o</b> :	\$55 Filing Fee & Certified Copy						
INHS1	8 (2/14)								

## 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.

	me of the limited liability company:		(h		PORT PULLING		-	
-	Principal office address of limited liability (Note: MUST BE STREET ADD		(u	,	Mailing addr	ess of limited AY BE POST	l liability	company:
	02/22/2021		<del></del>					
	02/23/2021		<del>.</del> .	L2100008	9401			
)	Date of filing/registration in Fl Rafael Yanes	orida	4.		Document	number		
	Registered Agent and Registered Office shown of 3325 AIRPORT PULLING RD UNIT 18,			Dept. of St	ate:			
	Registered Office Address	RIDA STREET A	<u>IDDRESS</u>	<u> </u>	<del>-</del>	<u>.</u> .	29	
	NAPLES		34105		<del></del>		021 HA	
	ANAMILE FERRAGUT					A567	Y   7	
Ī	Enter name of NEW Registered Agent and/or N	NEW Registered	Office add	iress:	<u> </u>	(71) <del>-</del>	AM II:	1
	3325 AIRPORT PULLING RD UNIT 18, 1	Naples FL 3410:	5			. iv le	11: 24	الآر.
	NEW Registered Office Address: 3325 AIRPORT PULLING RD UNIT 18					A	_	
	NAPLES	. FL	34105		<del></del>			
er er	mited liability company is not organized or charges are made, the Florida street all be dentical. Or, in the case of a Florida street authorized by an affirmative vote of the organization or the operating agree	address of the r rida limited liab the members of	registere bility cou f the limi	d office a npany, it ted lia <del>bil</del> i	nd the busing is hereby co ity company	ess office of afirmed th	of the r	egistered change(s)
	ny of a member or authorized representative of a	i member	-(	In	Ami le Printed or ty	ped name of		2901
ig el	accept the appointment as registered on sof all statutes relative to the proper of actions of my position as registered age by reflect a change in the registered officing writing of this change.	agent and agre and complete p nt as provided ce address, I h	ee to act performa I for in C ereby co.	in this cap nce of my hapter 60 nfirm thai	pacity. I furn duties, and 5, F.S. Or, i the limited	her agree I am famil I this docu liability co	to com iar wit iment is impany	ply with the hand accest being file has been

FILING FEE: \$25.00

INHS18 (2/14)