L2100012220

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

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CORPORATION SERVICE COMPANY 1201 Havs Street

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

ACCOUNT NO. : I2000000195									
REFERENCE : 599594 7741495									
AUTHORIZATION :									
COST LIMIT : \$ 25.00									
ORDER DATE : April 6, 2022									
ORDER TIME : 8:17 AM									
ORDER NO. : 599594-001									
CUSTOMER NO: 7741495									
CHANGE OF AGENT									
NAME: UNITY CONSTRUCTION, LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Alexxis Weiland EXT#									
EXAMINER:									

COVER LETTER

TO:		istration Section sion of Corporations							
SUBJI	ECT:	Unity Construction, LLC							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited Liability Company							
Dear S	Sir or N	Madam:							
The en	closed	d Registered Agent/Registered Of	Tice Change and	fce(s) are submitted for filing.					
Please	return	all correspondence concerning the	nis matter to the	following:					
Lynn J	J DiSte	efano							
		Name of Person		_					
Unity (Constr	ruction, LLC							
		Firm/Company							
121 Va	arick S	Street Ste 803							
		Address							
New Y	ork, N	YY 10013							
		City/State and Zip Code		_					
ldistefa	ano@	unity-cg.com							
E	E-mail	address: (to be used for future an	nual report notifi	ication)					
For fur	ther in	nformation concerning this matter	, please call:						
Lynn J	l DiSte	efano	732	241-7558					
		Name of Person		Area Code & Daytime Telephone Number					
	Reg Divi P.O.	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Encl	osed is a check for the following	g amount:						
□ \$25 Filing Fee		□ \$5	\$55 Filing Fee & Certified Copy						

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.

1. N	ame of the limited liability company: UNITY CONSTR	UCTI	ON	LLC	
2. (a)	1300 S HWY A1A - Unit 401		(b)	121 Vario	ck Street Ste - 803
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jupiter, FI 33477	_		New York	k, NY 10013
	03/15/2021		l		2209
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	George V. Distefano				
J. (u)	Registered Agent and Registered Office shown on the records of t	_ e:			
	Registered Office Address (MUST BE FLORIDA STREET A	2022 AP 3			
	1300 South Highway A1A 401				
	Jupiter	3347	7		
	,rL				- - -
(b)					
(-/	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	- 19
	Corporation Service Company	20			
	NEW Registered Office Address:				_
	1201 Hays Street		_		_
	Tallahassee, FL	3230	l		_
change agent v was/we the arti	imited liability company is not organized under the law cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registe bility f the la	erec con imit	l office an ipany, it is ed liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
	leorge Vincent Dixtefano ture of a member or authorized representative of a member	G	eor	ge Vincen	t Distefano
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mer notified	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have in the sequence of the change. Lin writing of this change. Con Registered Agent	re to a perfor for in ereby	ct i mai i Cl coi	n this cape ice of my e napter 603 firm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00