

121 000321347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

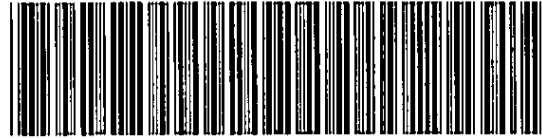
Special Instructions to Filing Officer:

APR 11 2022

Q. SILAS

4/15/22

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FILED  
2022 APR -5 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2022

BLANCA CARRETTA  
1200 SCOTIA DRIVE #308  
HYPOLUXO, FL 33462

SUBJECT: O'BRIEN CONSTRUCTION SERVICES LLC  
Ref. Number: L21000321347

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 522A00005792

COVER LETTER

RECEIVED

TO: Registration Section  
Division of Corporations

2022 APR -5 AM 11:44

SUBJECT: O'BRIEN CONSTRUCTION SERVICES LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

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:

BLANCA CARRETTA

Name of Person

BC BOOKKEEPING & CONSULTING

Firm/Company

1200 SCOTIA DRIVE #308

Address

HYPOLUXO, FL 33462

City/State and Zip Code

BLANCACARRETTA55@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BLANCA CARRETTA

561

309-0322

at ( )

Name of Person

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 amount:

☒ \$25 Filing Fee

☐ \$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. Name of the limited liability company: O'BRIEN CONSTRUCTION SERVICES LLC

2. (a) 631PONCIANA DRRIVE (b) 631 PONCIANA DRIVE  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

FORT LAUDERDALE, FL 33301

FORT LAUDERDALE, FL 33301

07/14/2021

L21000321347

3. Date of filing/registration in Florida 4. Document number

5. (a) WELLS, JEFF  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
12311 RIVERFALLS CT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BOCA RATON, FL 33428

**FILED**  
**2022 APR -5 AM 10:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

O'BRIEN, TRACY

NEW Registered Office Address:

631 PONCIANA DRIVE

FORT LAUDERDALE, FL 33301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tracy O'Brien  
Signature of a member or authorized representative of a member

TRACY O'BRIEN

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Tracy O'Brien  
Signature of Registered Agent