121000370 821

(Requestor's Name)					
(Address)					
(Address)					
(Viduless)					
(0) (0) (7) (0)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Socialism Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: A & L EXCAVATING	G LLC				
	Name of Limited	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Regi	istered Office Change a	nd fee(s) are submitted for filing.			
Please return all correspondence con	cerning this matter to the	he following:			
Melissa Jones					
Name of Per	rson				
ZenBusiness Inc.					
Firm/Comp	any		د	20	
336 E. College Ave. Suite 301			ΑLL	2022 JUL 15 PM12:47	. 2
Address			745	L 5	r. Ji
Tallahassee, FL 32301				PH	ì
City/State and 2	Zip Code		- PE	ا2: ل	Ü
ra@zenbusiness.com			****	7	
E-mail address: (to be used for	future annual report no	otification)			
For further information concerning t	his matter, please call:				
Melissa Jones	844 at (493-6249			
Name of Person		Area Code & Daytime Telepl	ione Num	ıber	
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee. FL 32314		2415 N. Monroe Street, St Tallahassee, FL 32303	iite 810		
Enclosed is a check for the	following amount:				
□ \$25 Filing Fee	٥	\$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: A & L EX	CAV	ATING	LLC	
2. (a)	4055 Plumbago Place	,	_(b) 4055 Plumbago Place		
£. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	·	Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)	
	Lake Worth, FL 33462		Lake '	Worth, FL 33462	
	08/18/2021		L2100	0370821	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agents Inc.				
(,	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State	- !:	
	7901 4th St N				
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>.27</u>	-	
	STE 300			20	
	St. Petersburg , FL	33702		2022 JUL	
(b)	ZenBusiness Inc			ZZ JUL 15 PHIL	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	SE Z III	
	336 E. College Ave.			PHI2: 4: SEE, FIL	
	NEW Registered Office Address:			7	
	Suite 301	_		_	
	Tallahassee , FL	32301		_	
If the l	limited liability company is not organized under the law	vs of the	State of Flo	ride it is homby confirmed that after the	
change agent was/was/was/was/was/was/was/was/was/was/	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	register bility co f the lin	ed office and ompany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/s/ 2	Meghan Elaine Reed	Me	eghan El	aine Reed	
Signa	ture of a member or authorized representative of a member		-	Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	nerform	ance of my a	hities and Lam familiar with and account	
Signah	ire of Registered Agent				