L22000028176

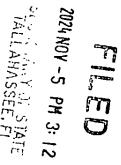
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Emily Hame)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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10/03/24--01015--011 **2485.00







October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: CEM DEVELOPMENT CONSTRUCTION SERVICES, LLC

Ref. Number: L22000028176

We have received your document for CEM DEVELOPMENT CONSTRUCTION SERVICES, LLC and your check(s) totaling \$2485.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 124A00023100

Wanite A Mills Regulatory Specialist II

COVER LETTER

Division of Corporations			
CEM DEVELOPMENT CONSTRU SUBJECT:	CTION SERVIC	ES, LLC	
	ne of Limited Li	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the !	iollowing:	
		((202
Walter Thomas			34 NO
Name of Person		AHASSI	2024 NOV -5
Walter Thomas, P.A.		SSE	
Firm/Company		_ F X	PM 3: 13
2549 Ryland Falls Srive		Ti di	ယ်
Address			
Lakeland, Florida 33811			
City/State and Zip Code		<u> </u>	
walter@walterthomaspa.com			
E-mail address: (to be used for future ann	nual report notifi	cation)	
For further information concerning this matter,	please call:		
Walter Thomas	863	940-4855	
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	, amount:		
■ \$25 Filing Fee	□ S5	5 Filing Fee & Certified Copy	
INHS18 (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.

l. Na	une of the limited liability company: CEM DEVELOI	PMENT C	ONSTRUC	TION SERVICES, LLC
2. (a)	2925 MALL HILL DR	(2925 M	ALL HILL DR
. (u)	Principal office address of limited liability company, (Note: MUST BE STREET ADDRESS)		·,	Mailing address of limited liability company: tNote: MAY BE POST OFFICE BOX)
	LAKELAND, FL 33810		LAKEL	AND, FL 33810
	01/25/2022		L2200001	28176
). 5. (a)	Date of filing/registration in Florida WALTER THOMAS, P.A.	 4.		Document number
. (4)	Registered Agent and Registered Office shown on the records of 230 Doris Drive	the Florid	a Dept. of St	2024 /
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	2024 NOV -5
	Lakeland	L. <u>33813</u>		
(b)	WALTER THOMAS, P.A.			3: 13 STATE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ldress</u> :	· ••
	2549 Ryland Falls Drive			
	NEW Registered Office Address.			
	Lakeland	33811 L		_
hange igent v vas/wa	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e register ability co of the lin Himited	ed office a empany, it nited liabil	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Signa	are if a monther of a thorized representative of a member		<u> </u>	Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and aging in solutions of all statutes relative to the proper and complete in the segment as provide ely reflect a change in the registered office address. It is writing of this change.	ree to ac perform ed for in hereby c	t in this ca ance of my Chapter 6t onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Signatu	ne of Registered Agent			