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(Re	equestor's Name)	,
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COVER LETTER

TO: Registration Section Division of Corporations

ANDINO BROTHERS CONSTRUCTION LLC

SUBJECT:

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:

R READ PEASLEE

Name of Person

HARMAN & PEASLEE

Firm/Company

303 N WARNELL ST

Address

PLANT CITY, FL 33563

City/State and Zip Code

READP@CCHRP.COM

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

For further information concerning this matter, please call:

READ PEASLEE	813 7541713 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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.

	ANDINO BROTHERS CONSTRUCTION LLC		
(a)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) 2250 NICHOLS ROAD	(b)	Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)
	LITHIA, FL 33547		
	02/28/2022		122000102540
	Date of filing/registration in Florida	4.	Document number
(a)	KATRINA L'ANDINO		
(11)	Registered Agent and Registered Office shown on the records o 5807 8TH STREET	of the Florida Dept	, of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
			24
	ZEPHYRHILLS, F	L 33542	
453	R READ PEASLEE	_	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	
	303 N WARNELL ST		nr 5: Ur
	NEW Registered Office Address:		F
	PLANT CITY F	33563	
iange gent v as/we	PLANT CITY, F mited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited l ire authorized by an affirmative vote of the members cles of organization or the operating agreement of the	L www.of the State e registered off iability compar- of the limited e limited liabili	fice and the business office of the registe by, it is hereby confirmed that the change liability company or as otherwise provid-

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 any position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect h change in the registered office address, I hereby confirm that the limited liability company has been notified if writight of this change.

Pen 1 Signature of Registered

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