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## COVER LETTER

TO: Registration Section Division of Corporations

BOVA'S EXCAVATION SERVICES LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL BOVA JR.

Name of Person

BOVA'S EXCAVATION SERVICES LLC

Firm/Company

827 SCOTLAND STREET

Address

DUNEDIN, FL 34698

City/State and Zip Code

pjbova@gmail.com

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

For further information concerning this matter, please call:

AUL BOVA	203 940-2999
Name of Person	at () Area Code & Daytime Telephone Number
<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> 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 on	Tallahassee, FL 32303

Enclosed is a check for the following amount:

Sec. 125 Filing Fee

□ \$55 Filing Fee & Certified Copy

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 827 SCOTLAND STREET, DUNEDIN, FL (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BA	pany:	}
Principal office address of limited liability company: Mailing address of limited liability com		
06/01/2022		
5. Date of filing/registration in Florida 4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 336 E. College Ave.		c
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 301	2023 00	NOISLAN
Tallahassee	1 6	30 30 X841
(b) SCHALLES & ASSOCIATES	PMI	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	1:21	
LARRY C. SCHALLES	Ļ0	т. Т.
NEW Registered Office Address:		
5320 MAIN ST		
NEW PORT RICHEY, FL, FL		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that is change or changes are made, the Florida street address of the registered office and the business office of the register agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ered	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w		

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.

. N 2 Ê\$ Signature of Resistered Agent

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