12/7/23, 2:06 PM

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Share

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230004184143)))



1230004184143ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number

: (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| | 7: 1;(| ATTON ORIO |
|------------|---------------|---|
| <u>L</u> . | | SYN |
| - | A | 25.7 |
| | _ | SSE |
| | <u>(_)</u> | 1.04 0.76 |
| | 3 DEC | EPARTHENT OF S ISION OF CORPDA ALLAMASSEE. FL |

LLC REGISTERED AGENT CHANGE MARTIN & FINALE CONSTRUCTION SERVICES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

DEC 18 2023

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.

| (a) | 900 E 12th pi | | (b | (b) 900 E 12th pl |
|--------------------|--|---------------------------------------|---------------------------|---|
| , . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ,- | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Hialeah, FL 33010 | <u> </u> | | Hialcah, FL 33010 |
| | 10/10/2022 12:00:00 AM | | | L22000436692 |
| | Date of filing/registration in Florida | 4. | • | Document number |
| (a) | LEGALING CORPORATE SERVICES INC. | | | |
| (a) | Registered Agent and Registered Office shown on the records of | the Flo | rida | da Dept. of State: |
| | 476 Riverside Ave | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDR | ESS | <u>SS)</u> |
| | | | | 202 FA |
| | Jacksonville | 3220 | , | |
| | , Fl | 3220 | | |
| • • | Corporate Creations Network Inc. | | | TALLAHASSEC FLORID |
| b) | Enter name of NEW Registered Agent and/or NEW Registered | Office | ad: | ddress: FLORIDE |
| | | | | F |
| | 801 US Highway 1 | | | |
| | NEW Registered Office Address: | | | <u></u> |
| | North Palm Beach | 3340 | R | |
| | | | | |
| nge nt w /we | mited liability company is not organized under the la or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the Kristen Espinales | regist ability of the limite | tere co lim d li | red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in |
| gnat | ure of a member or authorized representative of a member | - | | Printed or typed name of signee |
| - | • | ee to | act | ct in this capacity. I further agree to comply with the nance of my dutles, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been |