Florida Department of State

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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.

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LLC REGISTERED AGENT CHANGE EAST FLORIDA UNDERGROUND LLC

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Page Count	02
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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	lame of the limited liability company: East Florida underg	ground	LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Ormond Beach Florida (US)32174	_	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Date of filing/registration in Florida		1.2200045	56088 Document number
5. (a)	LEGALINC CORPORATE SERVICES INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State 476 Riverside Ave. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			tate:
	Jacksonville , FL Corporate Creations Network Inc.	32202		2023 DEC
	Enter name of NEW Registered Agent and/or NEW Registered 9 801 US Highway 1 NEW Registered Office Address:	Office	address:	-8 PH 3:
	North Palm Beach FL	33408		
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	registe bility f the li limited	ered office company, i imited liabi I liability c	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
		D;	mielle W. G	ossman, Special Manager
I her provi the oc to me notifi		perfori l för in ereby	mance of n i Chapter 6 confirm the	w duties, and Lam familiar with and accept.
Signa	ture of Registered Agent			