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H230001247013ABCU

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

| Email | Address: | | |
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LLC REGISTERED AGENT CHANGE LA FLORIDA CONSTRUCTION GROUP, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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| Estimated Charge | \$25.00 |

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

| . (a) | | (1 | b) | | | | |
|-------|--|------------------|--|--------------|----------|---------------------|---------|
| | Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | 4850 TAMIAMI TRAIL N UNIT 301 | | 4850 TAI | MIAMI TRA | IL N UNI | T 301 | |
| | 02/01/23 | | | 0059967 | 7 | | |
| | Date of filing/registration in Florida | 4. | | Document nun | nber | | |
| . (a) | DEL VECCHIO, DANIEL P Registered Agent and Registered Office shown on the reco | 1 64 5 | | | | | |
| | The state of the s | rds of the Plond | a Dept. of State: | | | | |
| | Registered Office Address (MUST BE FLORIDA STE | | | | | | |
| | | EET ADDRES. | 27 | | U | 20 | |
| (h) | Registered Office Address (MUST BE FLORIDA STE 4850 TAMIAMI TRAIL N UNIT 301 NAPLES | EET ADDRES. | 27 | | C | 2023 A ⁻ | |
| (b) | Registered Office Address (MUST BE FLORIDA STR | FL_3410 | 3 | | C | 2023 AFR - C | · · · |
| (b) | Registered Office Address (MUST BE FLORIDA STE 4850 TAMIAMI TRAIL N UNIT 301 NAPLES Registered Agents Inc | FL_3410 | 3 | | 3 | 2023 AFR - 3 PM | · Per E |
| (b) | Registered Office Address (MUST BE FLORIDA STR 4850 TAMIAMI TRAIL N UNIT 301 NAPLES Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered | FL_3410 | 3 | | | -3 PH 1: | · Fig. |
| (b) | Registered Office Address (MUST BE FLORIDA STR 4850 TAMIAMI TRAIL N UNIT 301 NAPLES Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N | FL_3410 | 3 | | | -3 PH | |

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

ROBIN JONES Signature of a member or authorized representative of a member Printed or typed name of signee

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 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.

[David Roberts - Assistant Secretary]

Signature of Registered Agent