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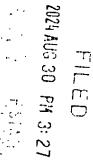
(Requestor's Name)					
(Address)					
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, ,					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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J. HORNE SEP - 6 2024					
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations						
Essex Construction South SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning th	nis matter to the following:					
Maria Simi						
Name of Person						
Firm/Company						
9 Worman Way						
Address						
Chester NJ 07931						
City/State and Zip Code						
janetsacklow@sacklowacox.com						
E-mail address: (to be used for future an	nual report notification)					
For further information concerning this matter	r, please call:					
janet sacklow	732 690 352 at ()					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the followin	g amount:					
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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	ame of the limited liability company: Essex Constructi	on Soutl	ı LLC	
2. (a)	9		(b)	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9 Wortman Way		9 Wortma	ın Way
	Chester NJ 07931		Chester N	IJ 07931
	3/23/2023		L23000149	2005
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	ue:
	Daniel Culnen			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	
	2700 N Ocean Drive 1402A	7 - 4 - 4 - 4	2-21	
	n:	22.40.4		
	Riviera Beach F	L		_
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			- 0 m
	inner name of NEW Registered Agent ano/or NEW Registered	<u>o Omice :</u>	address:	五里 〇
	Ronald King			FILED PH 3: 2
	NEW Registered Office Address:			-
	211 Worthington Parkway			·
				_
	Jacksonville Fl	21148-	6919	
change agent was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe ability of of the li climited	red office ar company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provis. the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I div writing of this change	perfori d för in	nance of my Chapter 60	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed
Signati	re of Registered Agent			

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