L23000299249

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(,,,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE JUL 19 2024					

Office Use Only



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COVER LETTER

	gistration Section rision of Corporations				
SUBJECT:	Phillips Construction & Remode	eling LLC			
SOBOLOT	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered	Office Change and fe	ee(s) are submitted for filing.		
Please retur	n all correspondence concernin	g this matter to the fo	ollowing:		
Ashley Phill	ips				
	Name of Person		_		
Phillips Con	struction & Remodeling LLC				
	Firm/Company		_		
1976 Pionee	r Trail				
	Address		_		
New Smyrna	a Beach, Fl 32168				
	City/State and Zip Co	de	_		
alatileandsto	ne@yahoo.com				
E-mai	l address: (to be used for future	annual report notific	ation)		
For further	information concerning this ma	tter, please call:			
Ashley Phill	ips	386 at (314-1701		
	Name of Person		Area Code & Daytime Telephone Number		
Reg	gistration Section		Street Address: Registration Section		
	vision of Corporations D. Box 6327		Division of Corporations The Centre of Tallahassee		
_	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	closed is a check for the follow	ving amount:			
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

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. 1	lame of the limited liability company:		odeling EEC		
2. (a	1976 Pioneer Trail a)		1976 Pioneer Trail (b)		
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	New Smyrna Beach, Fl 32168	 -	New Smyrna Beach, Fl 32168		
	06/21/2023	1.	23000299249		
3.	Date of filing/registration in Florida	4.	Document number		
5. (:)				
- (-	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: INC AUTHORITY RA				
	Registered Office Address (MUST BE FLORIDA STREET				
	390 NORTH ORANGE AVE., STE 2300-N				
	ORLANDO, F	L_32801	2000		
/ L					
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addi	<u>'ess</u> :		
	Ashley Phillips				
			——————————————————————————————————————		
	NEW Registered Office Address: 1976 Pioneer Trail				
	1976 Pioneer Trail	 			
	New Smyrna Beach, Fl	L_32168			
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered lability com of the limit	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
		Andre	w Phillips		
•	nature of a member or authorized representative of a member		Printed or typed name of signee		
provi the o to mo notifi	eby accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete thigations of my position as registered agent as provide fely reflect a change in the registered office address. I led in writing of this change.	ree to act in performan ed for in Ch hereby con	n this capacity. I further agree to comply with the ice of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is heing filed firm that the limited liability company has been		

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