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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 Fax Number : (323)389-0502

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

Email	Address:	 	

## LLC REGISTERED AGENT CHANGE A SQUARED CIVIL CONSTRUCTION LLC

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From, Rajiv Srivasi

## COVERLETTER

TO:	Registration Section
	្ន Division of Oprporation:

A SQUARED CIVIL CONSTRUCTION LLC

Name of Limited Cability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning th	is matter to the	e following.
Cheyenne Moseley		
Name of Person		<del></del>
Legalzoom.com, Inc.		
Firm Company		
101 N. Brand Blvd., 11th Floor		
Address		<del></del>
Glendale, CA 91203		
City/State and Zip Code		·
susan.campbellasquaredcivil@outlook	com	
fi-mail address: (to be used for future am	nual report not	(lication)
For further information concerning this matter	, please call.	
Cheyenne Moseley	800 at (	773-0888 ext 9724
Name of Person	,	Area Code & Daytime Telephone Number
STREET/COURTER ADDRESS: Registration Section		TAILING ADDRESS:
Division of Corporations		egistration acction Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

P.O. Box 6327 Taliahassee, Florida 32314

Enclosed is a check for the following 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. No	nme of the limited liability company: A SQUARED C	CIVIL C	ONSTR	UCTION LL	.C		
2. (a)	406 SE Cardinal Trl.	(b) 406 SE Cardinal Trl.					
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (9)	:	Mailing address ( (Note: MAY)			-
	Stuart, FL 34997	<del>-</del>	Stuart, F	L 34997		·	
	06/22/2023	L	.2300030	01337			
3.	Date of filing/registration in Florida	4.		Document no	umber		
5. (a)	UNITED STATES CORPORATION AGENTS	. INC.					
	Registered Agent and Registered Office shown on the records of the 476 RIVERSIDE AVE.		Dept of State	- •·			
	Registered Office Address (MUST BE FLORIDA STREET AL	<u>DDRESS)</u>					
	JACKSONVILLE , FL 3	32202			•		
(b)	Susan Campbell				•	5053	
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	Office addr	<u>'ess</u> .	•		, (S.1.)	
	406 SE Cardinal Trl.	<del></del>		_		۵, ا آ	
	NEW Registered Office Address:					PH	C
			······································		<i>-</i> **.	<del></del>	
	Stuart, FL 3	34997	- A <del>- 2 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </del>	-		36	
the cha agent v was/wa	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he registe fility con the limit	ered office npany, it is led liabilit	e and the busi s hereby conf y company or	ness office irmed that t	of the re he chan	egistered gc(s)
		Susa	an Camp				
I here provisi the obl to mere	the of member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pligations of any position as registered agent as provided ely reflect a change in the registered office address, I he din writing of this change.	e to act i erformai for in Cl ereby cor	n this cap nee of my hapter 605 ifirm that	Printed or type activ. I furthe duties, and I a i, F.S. Or, if t the limited lia	er agree to i	comply	with the d accept ing filed been
Signaty	fe of Registered Agent						