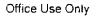
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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COVER LETTER

Division of Corporations					
SUBJECT: Casarrubias Contracting LLC. Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Dulce E. Cusarrubias Ibanez Name of Person					
Firm/Company					
416 Dumino Dr. N					
Ruskin FL. 33570 City/State and Zip Code					
Casarrubias contracting amail. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Duce Casarrubias at (\$13) 724-786/ Name of Person Area Code & Daytime Telephone Number					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Enclosed is a check for the following 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: (USATT)	ibias_	Contraction	19 LLC	
2. (a)	Principal office address of limited liability company:		416	Domino g address of limited l	Dr. V
	(Note: MUST BE STREET ADDRESS)			te: MAY BE POST	
	Ruskin FL: 33570		RVG.Kir	1 FL 335	570
					- 1
	-				
	June 29th 2023		1 22/10/	13/1800	
3.	Date of filing/registration in Florida			iment number	-
5. (a)	Dulce E. Casarrubias	, <u>.</u> .			
	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:		
	416 Romino Dr. N Kusk	in			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)			
	, F	ι 3 3	570		
(b)	Duice E. Casarrubias	<u>Lhan</u>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office add	ress:		
	416 Domino Dr. N				
	NEW Registered Office Address:				
					
	Ruskin	L 339	570		
10 (6)		- C.1 (S	*. * 1 1 /*	
change	imited liability company is not organized under the la or changes are made, the Florida street address of th	e registered	l office and the l	business office of	f the registered
agent v	will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members	iability con of the limit	ipany, it is herel ed liability com	by confirmed that	t the change(s)
the arti	cles of organization or the operating agreement of the	e limited lia	bility company	·	t .
ليكل	ure of a member or authorized representative of a member	1	LCE CAS	allubias) ans c
-	. !]			ed or typed name of s	
provisi the obl to merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I'in writing of this change.	ree to act to e performaned for in Cl hereby con	n this capacity, ice of my duties, iapter 605, F.S. ifirm that the lin	I further agree to , and I am familio Or, if this docum nited liability com	o comply with the ar with and accept nent is being filed apany has been
\supseteq_{\perp}	re of Registered Agent				

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