

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

L24000014483

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
COSTRUZIONE BUILDERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FOR THE STATE
OF FLORIDA

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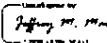
K. Brumbley

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. Name of the limited liability company: COSTRUZIONE BUILDERS, LLC
2. (a) 1720 METROPOLITAN ST
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
PITTSBURGH, PA 15233-2260
- (b) 1720 METROPOLITAN ST
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PITTSBURGH, PA 15233-2260
3. 01/10/2024
Date of filing/registration in Florida
4. L24000016483
Document number
5. (a) REGISTERED AGENT SOLUTIONS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2894 REMINGTON GREEN LN STE A
TALLAHASSEE, FL 32308
- (b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

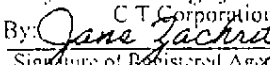
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.


Signature of a member or authorized representative of a member

Jeffrey M. Mascaro

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.

By: 
Signature of Registered Agent Jane Zachritz, Asst. Secretary

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

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