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(R	equestor's Name)	
(A	ddress)	
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(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(Do	ocument Number)	·
Certified Copies	Certificates	of Status
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	The Construct Unlimited, LLC ECT:		
		Name of Limited	l Liability Company
Dear S	iir or Madam:		
The er	closed Registered Agent/Registered	l Office Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	ng this matter to t	he following:
Kevin	Downey		
	Name of Person		
The Co	onstruct Unlimited, LLC		
	Firm/Company		
11788	SE 173rd Lane Rd		
	Address		
Summ	erfield, FL 34491		
	City/State and Zip Co	ode	
kevin.c	lowney@theconstructllc.com	Address Address City/State and Zip Code neconstructle.com Iress: (to be used for future annual report notification) mation concerning this matter, please call:	
Ī	-mail address: (to be used for future		
For fu	rther information concerning this ma	atter, please call:	
Kevin	Downey		7206712
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	wing amount:	
	S25 Filing Fee		\$55 Filing Fee & Certified Copy

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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.

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

gnature of Registered Agent