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COVER LETTER TO: Registration Section **Division of Corporations** VINNIE'S CONCRETE LLC SUBJECT: 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: VINCENT MCCANN Name of Person VINNIE'S CONCRETE LLC Firm/Company 3960 OAK TRAIL RUN APT 1803 Address PORT ORANGE, FL 32127 City/State and Zip Code VINNIE0000116@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VINCENT MCCANN 481-3360 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

Enclosed is a check for the following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

## 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.

(a)	3960 OAK TRAIL RUN		(b) 3960 O	AK TRAIL RUN
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	1803		1803	
	PORT ORANGE, FL 32127		PORT (	DRANGE, FL 32127
	7/22/2024		L2400032	23223
	Date of filing/registration in Florida	4.		Document number
a)	VINCENT RUSSELL			
u)	Registered Agent and Registered Office shown on the records of	the Flor	da Dept. of S	State:
	3960 OAK TRAIL RUN			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	<del></del>
	1803			
	PORT ORANGE . FI	32127		
	VINCENT MCCANN	<del></del>		202 S S
) .	Enter name of NEW Registered Agent and/or NEW Registered	i Office :	address:	2024 AUG SEORET
		· Onice	<u> </u>	7
	3960 OAK TRAIL RUN			
	NEW Registered Office Address:			
	1803			
	PORT ORANGE . FI	32127		, 8
li	mited liability company is not organized under the law or changes are made, the Florida street address of the	ws of the	e State of I	Florida, it is hereby confirmed that after
. W VC	ill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of the of organization or the operating agreement of the	ability o of the li	company, it mited liabil	t is hereby confirmed that the change(s) lity company or as otherwise provided
$\bigvee$	~ MM		NCENT MO	• •
<u> </u>	ire of a member or authorized representative of a member			Printed or typed name of signee

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.

Signature of Registered Agent