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|---|--|-----------------------------------|-----------------------------|----------------------|--|--|-------------------|--------------------------------|--------------|---|
| DOCUMENT # M0000002465 1. Entity Name | | | | | | | \mathbf{D}^{-1} | 13 | 28 | |
| HOLDER CONSTRUCTION GROUP, LLC | | | | | | 01 MAR 26 AM 11: 35 | | | | |
| Principal Place of Business Mailing Address | | | | | | CERNETA NA ARE OTATE | | | | |
| 3333 Riva wood PKWY Sme. | | | | | | SECRETARY OF STATE TALLAHASSEE FLORIDA | | | | |
| SH 400 | | | | | | | | | | |
| Atlanta, | 64 <i>3</i> 0339 | | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address Scm. | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State A+IcA+G CA | | City & State | | | 4. FEII | FEI Number 58 - 353 5/36 Applied For Not Applicable | | | | |
| Zip Country | | Zip Count | | try | 5 . Cert | ificate of Status Desired | | 5.00 Ad | | 1 |
| 200 | 6. Name and Address of Current R | egistered Agent | _ | | 7. Nam | e and Address of New Re | | ee Require | <u> </u> | - |
| PT | | | Name | | | | | | | |
| Composition Cond | | | | Street A | Address (P.O. Box I | Number is Not Acceptable) | <u>_</u> | - | | 1 |
| CT Corporation 1200 5 Pine Iskad Road Plantation, FL 33324 | | | | | <u> </u> | | _ | | | 1 |
| LONDAR HOUSEBOOK (Catoms) in a | | | | City | | | FL | Zip Cod | de | 1 |
| 8. The above | named entity submits this statement for | the purpose of changing its re | gistere | d office o | r registered agent, | or both, in the State of Flori | da. | <u> </u> | | 1 |
| CICNIATURE | 1,001,003 | ., . | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent and | Agent signat | ture required when reinstat | ing) | DATE | | _ |] | | |
| FILE NOW!!! FEE IS \$50.00 | | | | | | | | | | 1 |
| | | Make Check Paya | | | the state of the s | | | | | - |
| 9. | MANAGING MEMBER | RS / MEMBERS | 10. | 0 | | ADDITIONS/C | HANGES | | | 1 |
| TITLE | CEO/CHAIRMAN | □ Delete | TITLE | | | SDDDD39 -03/30/0 *****5 | 17 11 10 20 | ☐ Change | Addition | 18 |
| NAME | Thomas Holder Phury | St 400 | NAME | | | | | | | ======================================= |
| STREET ADDRESS CITY-ST-ZIP | 4 Hank 64 30839 | | | ET ADDRESS ST-ZIP | | | | | | 083 |
| TITLE | President/coa | ☐ Delete | TITLE | | | 5000,033, | 321 | - Chartre | Addition | 122 |
| NAME | | | NAME | | | | J 80 HDH | [5]5~~[] 変変変変変 [[] | 167 30 00 | 0 |
| STREET ADDRESS CITY-ST-ZIP | David thiller 3333 Rumwood PKWY Attenta, 184 30339 | J#C 1010 | • | T ADDRESS ST-ZIP | · | | J. 00 | .ttth.b." | 30.00 | |
| TITLE | Atlanta, BA 20339 Vice chairman | ☐ Delete | TITLE | J1 E# | <u> </u> | - | | ☐ Change | ☐ Addition | } |
| NAME | A charlesis | | NAME | , | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 3333 Avinosa PKWY | 2K 400 | | T ADDRESS ST-ZIP | | | | | | } |
| TITLE | Atlanta, GA 30339 Evec vice President/CFO | ☐ Delete | TITLE | | | _ | | ☐ Change | ☐ Addition | 1 |
| NAME | JC Pandroy, Jr 3333 Rugusod-PKwy- | | NAME | | | | | oa.i.go | | Ì |
| STREET ADDRESS CITY-ST-ZIP | -3333 Purituo 1-18-47- | -Str 400 | | T ADDRESS ST-ZIP | | د مو وسست برسستستنده | | | | . - |
| TITLE | Attenta GA 30339 Exec. Usce President | Delete | TITLE | 31-21 | | | | ☐ Change | Addition | - |
| NAME . | David O'Hourn 3333 Rin wood PKiny | Shr. 400 | NAME | | | | | | C Addition | 1 |
| STREET ADDRESS CITY-ST-ZIP | | 700 700 | | T ADDRESS ST-ZIP | | | | | | |
| TITLE | Atlanta, GA 30339 Exec Vice President | ☐ Delete | TITLE | 31-21 | | - | | Change | Addition | ł |
| NAME | 1 \) other | | NAME | | | | ı | ouenge | Addition | |
| STREET ADDRESS | 3333 Riverwood PRUY | >k 400 | | T ADDRESS | | | | | | |
| CITY-ST-ZIP | Attenta CA 30339 ertify that the information supplied with the | is filing does not avalify for th | CITY-S | | ted in Section 110.1 | 77(2VI) Florida Charles 14 | uthor ar "" | , that #= - ' | dormatia - | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | |
| SIGNATURE: 3.21-01 770-988-3000 | | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING NAME GIVEN MANAGER, OR | | | | | REPRESENTATIVE | 3.21.01 | | 708 :5 ime Phone # | 000 | |
| | // | - 7 | | \sim | | | Day | | | i |