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| (Requestor's Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | • |
|--|--|
| Jacob Erecting & Constructions SUBJECT: | ction, LLC |
| | ame of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Of | Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning the | |
| 1 | - |
| Don Perry | 2019 HAR 27 |
| Name of Person | |
| Jacob Erecting & Construction, LLC | The state of the s |
| Firm/Company | PH 6: |
| 1509 N. Military Trail, Suite 200 | ्रिक्ट स्ट |
| Address | |
| West Palm Beach, FL 33409 | |
| City/State and Zip Code | |
| dperry@jacobcompanies.com | |
| E-mail address: (to be used for future ann | inual report notification) |
| For further information concerning this matter, | r, please call: |
| Adam C. Linkhorst | 561 626-8880 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following | g 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. Na | ame of the limited liability company: | ig & C | Construction, LLC | |
|------------------------|--|---|--|---|
| 2. (a) | | | (b) | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limi (Note: MAY BE PO | |
| | 1509 N. Military Trail, Suite 200 | | 1509 N. Military Trail, S | |
| | West Palm Beach, FL 33409 | | West Palm Beach, FL 3 | |
| | 07/25/2006 | | M06000004131 | |
| 3. | Date of filing/registration in Florida | - 4. | Document numbe | Γ |
| 5. (a) | Karen Dietrick | | | |
| (-) | Registered Agent and Registered Office shown on the records of | the Flori | da Dept. of State: | |
| | 1509 N. Military Trail, Suite 200 | | | 7.01 7.46 |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | <u> </u> | FIL 2019 HAR 27 Seorei Age Fait Miless |
| | | | | 新 表 一 |
| | West Palm Beach | 33409 | | ILEO 27 F |
| | , FL | | <u>, </u> | |
| (b) | Adam C. Linkhorst, Esq. | | | <u> </u> |
| (-) | Enter name of NEW Registered Agent and/or NEW Registered | Office a | ddress: | ्रिस ध |
| | Linkhorst & Hockin, P.A. | | | |
| | NEW Registered Office Address: | | | |
| | 4495 Military Trail, Suite 106 | | | |
| | | | | |
| | Jupiter | 3 34 58 | } | |
| agent was/weithe artic | mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the law are of a member of authorized representative of a member of a member of a member of a member as registered agent and agreems of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the vestered office address, I have the proper and complete particles and the proper and complete particles and the proper and complete particles are the proper and complete particles and the proper and complete particles are the proper and particles are the proper and particles are the proper are the proper and particles are the proper and particles are the proper are the proper and particles are the proper are th | the regineral the line in the | ompany, it is hereby confirmed nited liability company or as oth liability company. Printed or typed name | office of the registered that the change(s) nerwise provided in of signee |