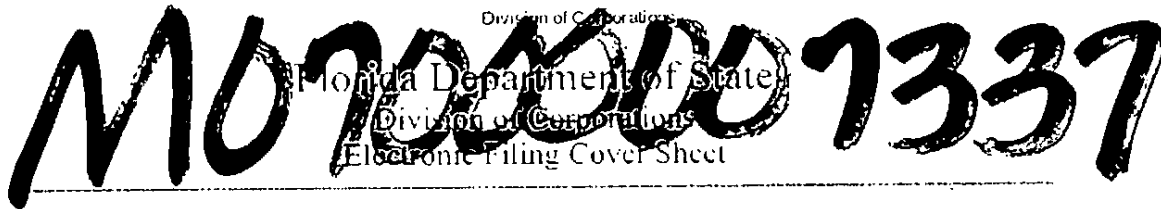


6/26/2017



**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001691213)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-5949  
Fax Number : (954)288-0845

RECEIVED  
2017 JUN 26 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
FACCHINA CONSTRUCTION OF FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED  
17 JUN 26 AM 11:10  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Facchina Construction of Florida, LLC  
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:

Wanda Wise

Name of Person

Facchina Construction Co., Inc.

Firm/Company

P.O. BOX 2286

Address

La Plata, Maryland 20646

City/State and Zip Code

wwise@facchina.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Wise

at (301)

481-0519

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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

IN11818 (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. Name of the limited liability company: Facchina Construction of Florida, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

12/17/2007

M07000007337

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Karla Mendez

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9675 NW 117th Avenue Suite #109

Miami, FL 33178

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

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

Charles W. McPherson, CEO & Pres.

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: Kimberly Baggett  
Signature of Registered Agent

**Kimberly Baggett**  
**Assistant Secretary**

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

INH818 (2/14)

**FILED**  
**17 JUN 26 AM 11:10**  
**DIVISION OF CORPORATIONS**