## M18000011063

(Requestor's Name)	
(Address)	800351339848
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/04/2001028005 * <b>∗</b> 25.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only

10/14/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 2, 2020

Order#: 400106-135

Re: AMHERST CONSTRUCTION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX\_\_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

## 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. N	lame of the limited liability company:AMHE	RST CON	ISTRUC	CTION, LLC	·		
2. (a)	147 Parliament Loop, Suite 1001		(h	o)			
2. (a)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		_ (	, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Lake Mary, FL 32746		_				
	12/07/2018			M180000	11063		
3.	Date of filing/registration in Florida		4.		Document number		
5. (a	Capitol Corporate Services, Inc.						
J. (a		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
515 East Park Avenue, 2nd Floor							
	Registered Office Address (MUST BE FLORIDA	STREET A	DDRESS	<u> </u>	_		
	Tallahassee		32301		_		
		, FL_			_		
/L\							
(b)	Enter name of NEW Registered Agent and/or NEW I	Registered (	Office ad	dress:	_		
	Corporation Service Company				_		
	NEW Registered Office Address:						
	1201 Hays Street						
					_		
	Tallahassee	Fi.	32301				
chang agent was/v	limited liability company is not organized under ge or changes are made, the Florida street addre will be identical. Or, in the case of a Florida livere authorized by an affirmative vote of the meticles of organization or the operating agreement	er the law ess of the r imited lial embers of	s of the registere bility co f the lim	ed office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
/	s/ Jill Cilmi		Jill (	Cilmi, Auth	orized Person		
Sign	ature of a member or authorized representative of a mem	ber			Printed or typed name of signee		
provi: the old to me	eby accept the appointment as registered agent sions of all statutes relative to the proper and c bligations of my position as registered agent as rely reflect a change in the regis <b>te</b> red office ad ed in writing of this change.	omplete p provided dress, I h	performe for in C ereby co	ance of my Chapter 60 Onfirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
					poration Service Company		
Signature of Registered Agent Am				ni M. Casper, Asst. Vice President			