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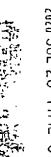
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088 July 28, 2020 Date:_ **David Shulman** Name:_ 1244957 Reference #:_____ TOM HAMMER CONSTRUCTION, LLC Entity Name:_____ ☐ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion Merger Dissolution/Withdrawal Fictitious Name ____Other ______

-1.212.947.7200

Signature:

Authorized Amount:

\$25.00



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: July 28, 2	2020	ACCOUNT#: 120000000		
Name: David Sh	ulman			
Reference #: 1	244957			
Entity Name:	TOM HAMMER	CONSTRUCTION, LLC		
Articles of Incorpora	tion/Authorization	to Transact Business		
Amendment				
Change of Agent		ICCLIECZ CALL		
Reinstatement		ISSUES? CALL David:		
Conversion		850-270-0082		
Merger				
☐ Dissolution/Withdra	wal			
☐ Fictitious Name				
Other				
Authorized Amount:	\$25.00			

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

-	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
	No Change	<u>N</u> o	Change
	June 18, 2019		M1900006395
	Date of filing/registration in Florida	4,	Document number
)	PELIS, ROBERT		
	Registered Agent and Registered Office shown on the reco	of State:	
	2968 WOTRING WAY	Constant.	
	Registered Office Address (MUST BE FLORIDA STR	<u> </u>	
			(5)
	THE VILLAGE	32163	* 9
		[]	
	COGENCY GLOBAL INC.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office address:	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	_{EL} 32301	

/s/ Tom Hammer Tom Hammer

Signature of a member or authorized representative of a member

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.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00