P00 P00 000P1M

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

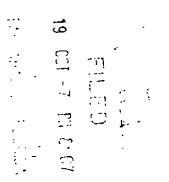
Office Use Only



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OCT 2 9 2019 S. YOUNG



COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	LHW Contractors, LLC				
SUBJECT	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclos	ed Registered Agent/Registered Off	fice Change	ge and fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning th	nis matter to	to the following:		
Michelle	Taylor				
	Name of Person				
LHW Co	ntractors, LLC				
	Firm/Company				
PO Box 7	707				
	Address	· · ·	,		
Friendsw	vood, TX 77549				
	City/State and Zip Code				
michelle(@hougro.com				
E-ma	il address: (to be used for future and	nual report	Tnotification)		
For further	information concerning this matter.	, please cal	alt:		
Michelle	Taylor	28 ⁻			
	Name of Person	at (Area Code & Daytime Telephone Number		
Rej Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle llahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
En	closed is a check for the following	g amount:	:		
	\$25 Filing Fee	í	■ \$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.

a)	16850 Saturn Ln. Suite 200	(b	PO Box 707	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		——————————————————————————————————————	of limited liability company (BE POST OFFICE BOX)
	Clear Lake, TX 77058		Friendswood, TX 7	77549
	09/17/2019		M19000009009	
	Date of filing/registration in Florida	4.	Document r	number
(a)	Ekaterina Sen			
,	Registered Agent and Registered Office shown on the records of	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2	
	5820 Jasmine Ct. Panama Clty, FL	32404		- 3 1
5)		d AMGas ad	dress:	1.3
)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	a Omce au		
)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address:	a Office au		
)		u Office 20		

Signature of a member of 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Ckaterina Den