Electronic Filing Cover Sheet

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.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

mail Address:		

LLC REGISTERED AGENT CHANGE DEANGELO CONTRACTING SERVICES LLC

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K. SALY

APR 2 4 2025

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Corporate Filing Menu

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COVER LETTER

_	ration Section on of Corporations		
SUBJECT:	DeAngelo Contracting Services LLC		
50000011	Name of L	imited Lia	ability Company
Dear Sir or Ma	adam:		
The enclosed I	Registered Agent/Registered Office Ch	ange and f	ce(s) are submitted for filing.
Please return a	Il correspondence concerning this matt	er to the fo	ollowing:
Mary Castillo			
	Name of Person		_
Registered Age	nt Solutions, Inc.		
	Firm/Company		_
Corporate Cente	er One, 5301 Southwest Pkwy, Ste 400		
	Address		_
Austin, TX 787	35		
	City/State and Zip Code		_
E-mail ac	dress: (to be used for future annual rep	ort notific	ation)
For further info	ormation concerning this matter, please	e call:	
Mary Castillo	at (888	705-7274
	Name of Person		Area Code & Daytime Telephone Number
Regist Divisi P.O. E	ng Address: Tration Section on of Corporations Box 6327 assec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclos	sed is a check for the following amou	nt:	
□ \$25	Filing Fee	□ \$55	5 Filing Fee & Certified Copy
INHS18 (2/14)			

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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	ame of the limited liability company: DeAngelo Contra	acting S	ervi	ces LLC						
2. (a)	100 North Conahan Drive	(b) 100 North C			rth Co	onahan	Drive			
(U)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Hazleton, PA 18201		(0)	Hazelto	6	Note: 3	tay be	limited liah <i>POST OF</i>		•
		_								
	10/28/2021		N	121000	0143	99				
3.	Date of filing/registration in Florida	4.	_		D	ocume	nt num	ber	-	
5. (a)	CORPORATION SERVICE COMPANY									
J. (u)	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Flor	ida (Dept. of S	tate:			IALLA	તેયું ૬૪હૈ	77
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	<u> 225)</u>					MILTANA SULT	JU25 APR 23 PH 4- 0	
	TALLAHASSEE FL	32301) 					-· 		
(b)	Registered Agent Solutions, Inc.							-		ب 5
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office :	add	<u>'ess</u> :						
	2894 Remington Green Ln.									
	NEW Registered Office Address:				_					
	Ste. A			 .						
	Tallahassee FL	32308	3							
change agent v was/w	imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of of the li limited	ered com mit Hia	office a pany, it ed liabil bility co	and the control of th	ne busi ereby c ompan ny.	ness of confirm y or as	ffice of the led that the otherwis	ne registe he chang	red e(s)
181	Jarrod L. DeAngelo	Ja —	illo	1 L. De/				ember		
I here provisi the obi to meri	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I l d in writing of this change. Mackenzie Hibler, Asst, Secre	perfori d for in hereby	ct ir nan Ch con	i this ca ce of m apter bi firm tha	ıpaciı	tv. <i>I fia</i>	orther a	ame of sigr igree to c familiar documer ity compo	romply w	ith the accept g filed Seen

Signature of Registered Agent