## M30280

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Schiff Construction Company

Name of Corporation

DOCUMENT NUMBER:

M30280

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Schiff

Name of Contact Person

Schiff Construction Company

Firm/Company

1501 Venera Avenue Suite 201

Address

Coral Gables, FL 33146

City/State and Zip Code

Eva@schiffco.net

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

For further information concerning this matter, please call:

Eva Salas

,305

274-3000

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections are sections as submitted for the change its real sections are sections.		der the laws of the State	of Florida
			oj rioriaa.
1. The name of the corporation: $\frac{S_0}{4E}$	201 Vanara Avanua S	mpany	
2. The principal office address: 15	or venera Avenue S	suite 201 Corai Ga	abies, FL 33146
3. The mailing address (if differen	ı):		
4. Date of incorporation/qualificat	ion: 04/10/1986	Document number: M30	280
5. The name and street address of Florida Department of State: (If	the current registered agent an	d registered office on file	e with the
Steven Schi	ff ·		
9955 N Ken	dall Drive Suite 205		<u></u>
Miami, FL 3	3176		7 2 B
6. The name and street address of (if changed):	the new registered agent (if ch	anged) and /or registered	Control of the contro
1501 Venera	a Avenue Suite 201		ED PHI2: 05
Coral Gable	P.O. Box NOT acceptab s, FL 33146	le	05
The street address of its registere as changed will be identical.	d office and the street address	s of the business office o	f its registered agent,
Such change was authorized by reauthorized by the board, or the co			an officer so
Signature of an office or direct		ven Schiff, Presid	
I hereby accept the appointment of further agree to comply with the performance of my auties, and I cagent. Or, if this document is between confirm that the professional agrees the confirm that the professional agrees the confirm that the confirmation is the confirmation of the confirm	as registered agent and agree	ative to the unempy and	complete tion as registered ffice address, I
N My	Oct	ober 20, 2016	
Signature of Registered Age	ent	Date	·····
If signing on behalf of an entity:			
Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*