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(((H24000016966 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397

: (800)567-4398 Fax Number

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

kil@able-gc.com Email Address:

REGISTERED AGENT CHANGE ABLE CONSTRUCTION, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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COVER LETTER

Page: 2 of 3

TO: Amendment Section Division of Corporations	
SUBJECT: ABLE CONSTRUCTION, INC. Name of Corporation	
DOCUMENT NUMBER: P00000058535	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
	•
Katrina Johnson	2024 JAN 22 ALI
Name of Contact Person	
ABLE CONSTRUCTION, INC.	五
Firm/Company	22
8280 Princeton Square Blvd. W., #9	in the second se
Address	
JACKSONVILLE, FL 32256	<u>.</u>
City/State and Zip Code	
kll@able-gc.com	
E-mail address: (to be used for future annua	I report notification)
(1111)	,
For further information concerning this matter,	please call:
Georgina Vega	567-4397
Name of Contact Person	at (800) 567-4397 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations - P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Tananassee, FL 32314	Tallahassee, FL 32303

CR2E045 (04/13)

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CR2E045 (04/13)

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

statement of a	change is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statt organized under the laws of the State of <u>FLC</u> registered agent, or both, in the State of Flori	RIDA
	of the corporation: ABLE CONSTRUCT		
2. The name of	nat office address:		
	na Square Blvd. W., #9 JACKSONVILL		
3. The mailin	g address (if different):		
4. Date of inc	orporation/qualification: 06/16/2000	Document number: P0000005853	35
5. The name a		ered agent and registered office on file with the	
	SPIEGEL & UTRERA, P.A.		A
	1840 Southwest 22 Street 4th Floor		22
	Miami, FL 33145	,	三
6. The name a		d agent (if changed) and /or registered office	9:48
	URS AGENTS, LLC		
	3458 Lakeshore Drive		
	F	P.O. Box NOT acceptable	
	Tallahassee, FL 32312		
The street add as changed w	dress of its registered office and the still be identical.	street address of the business office of its rep	gistered agent,
Such change authorized by	was authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an officen notified in writing of the change.	cer so
	eture of an ollater of director	Jeffre y L. Kleffr Printed or typed Jume and title	241
I herehy acce I further agre of my duties, document is b corporation h	pt the appointment as registered age to to comply with the provisions of al and I am familiar with and accept th seing filed merely to reflect a change has been shippied in writing of this ch	ent and agree to act in this capacity, il statutes relative to the proper and complet to obligation of my position as registered ag to in the registered office address, I hereby co ange.	e performance ent. Or. if this onfirm that the
	Zuluku .	1-12-2024	
	Signature of Registered Agent	Date	
It signing on	behalf of an entity:		
Georgina Vega	a, Asst. Secretary		
	Typed or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	
	MAKE CHECKS PAYABLE TO MAIL TO: DIVISION OF CORPORATION	o Florida Department of State ns, P.O. Box 6327, Tallahassee, Fl. 3231	4