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COVER LETTER

SUBJECT; Construct Group Corp. Name of Corporation DOCUMENT NUMBER: P01000065937 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: Joseph W. Lawrence, II Name of Contact Person Vezina, Lawrence & Piscitelli, P.A. Firm/Company 350 East Las Olas Blvd., Suite 1130 Address Fort Lauderdale, FL 33301 City/State and Zip Code jlawrence@vlplaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph W. Lawrence, II Name of Contact Person 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 Zefol Executive Center Circle	TO:	Amendment Section Division of Corporations				
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Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building		Name of Contact Person	Area Co	ode & Daytime Telephone N	<u>ពយ្ជ្រី</u> ព	
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Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		Mailing Address:	<u>Stro</u>	eet Address:		
P.O. Box 6327 Clifton Building						
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Tallahassee, FL 32301

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida S ganized under the laws of the State of $\frac{1}{2}$ istered agent, or both, in the State of F.	Florida
	the corporation: Construct Group Corp.		iii) idd.
	office address: 5979 NW 151 Street, St		
2. The principa Miami Lakes, F			
3. The mailing	address (if different): 8004 NW 154th S	treet, #303, Miami Lakes, FL 33016	
	poration/qualification: 07/03/2001		5937
	d street address of the current registere rtment of State: (If resigned, enter resigned)	d agent and registered office on file wit gned)	th the
	Vezina, Lawrence & Piscitelli, P.A.		
	The Museum Building, 300 SW First A	evenue, Suite 150	
	Fort Lauderdale, FL 33301		
6. The name an (if changed):	•	gent (if changed) and /or registered off	ice <u>-</u>
	Vezina, Lawrence & Piscitelli, P.A.		AON 61
	350 East Las Olas Blvd., Suite 1130		
	Fort Lauderdale, FL 33301	Box NOT acceptable	ARY OF A
The street addr as changed wil	ess of its registered office and the stre l be identical.	cet address of the business office of its	s registered regent 100
		oted by its board of directors or by an one notified in writing of the change.	
1000	re of an officer or director	Joseph W. Lawrence, II Printed or typed name and lit	le
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and com obligation of my position as registered the registered office address, I hereh ge.	plete performance l agent. Or, if this y confirm that the
Sep	phW. (amerce IL	November 22, 2019	
Su	gnature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
Joseph W. Lawr			
"]	yped or Printed Name	PPP 63F 00 4 4 4	
	* * * FILING	FEE: \$35.00 * * *	