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Special Instructions to	Filing Officer:			

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C. GOLDEN MAR 2 3 2019

COVER LETTER

TO:	TO: Amendment Section Division of Corporations			
SUBJECT: Aluminum Concepts Construction, Inc. Name of Corporation				
DOCUMENT NUMBER: PO1000120377				
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:				
	Sherman L. Wa Name of Con	ker II tact Person		
Chan	Aluminum Concept Firm/Co 14340 HAMPTON Lal	s Construction, Inc		
or or	14340 HAMPTON Lal	ess Ct.		
Ft. Myers, Fc 33908 City/State and Zip Code				
	E-mail address: (to be used for fi	Jahoo, Com nure annual report notification)		
For further information concerning this matter, please call:				
	Angela Cordova Name of Contact Person	at (239) 910 - 0390 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of Florida. Office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Alum	ninum Concepts Construction, Inc
2. The principal	office address: 14340	Hampton Lake Ct, Ft. Myers, Fr 33908
3. The mailing ac	ddress (if different): Sar	me
4. Date of incorp	ooration/qualification:	2/20/2001 Document number: P01000120377
	street address of the currer tment of State: (If resigned,	nt registered agent and registered office on file with the l, enter resigned)
	Same -> No	ochange (Sharman L. Walker II)
	WALKER, SHERMAN L, I 18052 SAN CARLOS BLV FORT MYERS BEACH, F	ND, #155
6. The name and (if changed):	street address of the new r	registered agent (if changed) and for registered office
	14340 Hampt	P.O. Box NOT acceptable
	FI. Myers, Fr	33908
The street addre	ss of its registered office a be identical.	and the street address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution e board, or the corporation	duly adopted by its board of directors or by an officer so n has been notified in writing of the change.
Signatur	e of an officer or director	Sherman L. Walker, II DPT
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm t	the appointment as registe o comply with the provisio my duties, and I am familics document is being filed nat the corporation has be	ered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete iar with and accept the obligation of my position as registered merely to reflect a change in the registered office address, I ween notified in writing of this change.
Dua	elher	3-11-20 18 Date
_	nature of Registered Agent	Date .
If signing on bel	· ·	
Strer me	on L. (DAIKOC, 11-	

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 * * *