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R. WHITE

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COVER LETTER

TO:	Amendment Section Division of Corporations
CUBI	L. Pellinen Construction, Inc.
ZOBI	Name of Corporation
	400005114054-1
DOC	UMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Rouselle A. Sutton, III, Esq.
	Name of Contact Person
	Thompson, Jaglal & Sutton, P.A.
	Firm/Company
	4767 New Broad Street
	Address
	Orlando, Florida 32750
	City/State and Zip Code
	bo.sutton@thompsonjaglal.com
	E-mail address: (to be used for future annual report notification)
For f	orther information concerning this matter, please call:
	iselle A. Sutton, III, Esq. 407 601-6604
	Name of Contact Person at (
Encl	osed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute, Floric r to change its registered office or registered agent, or both, in the State of Florida	da 	
1. The name of t	L. Pellinen Construction, Inc.		
	office address: 1365 Twin Oaks Circle, Oviedo, Florida 32765		
3. The mailing a	ddress (if different):		•
4. Date of incorp	poration/qualification: March 18, 2002 Document number: 4000051140	54-1	
5. The name and	d street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) Linda Pellinen		
	1365 Twin Oaks Circle		
	Oviedo, Florida 32765	差約	00
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Rouselle A. Sutton, III, Esq.			APR 24 AM
	4767 New Broad Street		=
	Orlando, Florida 32814		<u>~</u>
The street address changed will	ess of its registered office and the street address of the business office of its regist be identical.	ered ager	nt.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer ne board, or the corporation has been notified in writing of the change.	so	
AMMAR.	MMEN. re of an officer or director HAM Fellow name and title / D.)iceto	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as regist document is being filed merely to reflect a change in the registered office addrithat the corporation has been notified in writing of this change.	istered ess, l	
-/-Olade Sig	nature of Registered Agent Date		
If signing on be	half of an entity:		
Т	yped or Printed Name		
	* * * FILING FEE: \$35.00 * * *		

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