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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email:	Address:	
CINGTT	MUUI COO.	

REGISTERED AGENT CHANGE SULLIVAN CONSTRUCTION COMPANY

Certificate of Status	0
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COVER LETTER

TO:

Amendment Section Division of Corporations

15129570210

SUBJECT: SULLIVAN CONSTRUCTION COMPANY			
Name of Corporation DOCUMENT NUMBER: P0600054413			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fil	ing.		
Please return all correspondence concerning this matter to the following:			
Alicia Richards			
Name of Contact Person			
Registered Agent Solutions, Inc.			
Firm/Company		~>	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	-!	2023 NOV -9	
Address	1	<u>=</u>	Ĭ,
Austin, Texas 78735	<u>></u> ;	₹	Laborate Co.
City/State and Zip Code	HAS TAS		grade Sales
E-mail address: (to be used for future annual report notification)	OF STATE	AM 10: 27	
For further information concerning this matter, please call:			
Alicia Richards at (888) 705-7274			

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

Name of Contact Person

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

	·	02, 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State of	
in orde	er to change its registered offic	re or registered agent, or both, in the State of	Florida.
1. The name of	the corporation: SULLIV	AN CONSTRUCTION COM	<u>IPANY</u>
	office address: <u>5310 NV</u> c, FL 33309	V 22nd Ave	
	address (if different):		
4. Date of incorp	poration/qualification: 4/17	7/2006 Document number: P060	00054413
5. The name and		registered agent and registered office on file w	
	SULLIVAN, AN	MANDA	2 023
	5310 NW 22nd Ave		2023 NOV - 9
	Tamarac	FL 33309	
6. The name and (if changed):	-	istered agent (if changed) and /or registered o	AM 10: 27
	2894 Remington C		<u></u>
	Tallahassee	P.O. Box NOT acceptable FL 32308	_
The street address changed will	ess of its registered office and be identical.	the street address of the business office of	its registered agent,
Such change wa	as authorized by resolution du ne board, or the corporation h	aly adopted by its board of directors or by ar as been notified in writing of the change.	officer so
Isl Michael	el Sullivan	Michael Sullivan	President
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registere to comply with the provisions of a lambda according for the provisions of the first and according filed merely to reflect a character of the filed metal and according filed metals are the filed metals of the filed withing of the filed within the filed wit	·	
	nature of Registered Agent	11/09/2023	
If signing on be	half of an entity:		
	er, Assistant Secretary		
T	yped or Printed Name	<u> </u>	
	* * * F	ILING FEE: \$35.00 * * *	