Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

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Account Name : REGISTERED AGENT SOLUTIONS INC

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

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REGISTERED AGENT CHANGE SULLIVAN CONSTRUCTION COMPANY

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COVER LETTER

TO: Amendment Section Division of Corporations

SULLIVAN CONSTRUCTION COMPANY SUBJECT: P06000054413 DOCUMENT NUMBER: 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: Alicia Richards Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number 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

Amendment Section **Division of Corporations**

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of ch	provisions of sections 607.02 ange is submitted for a corpo	ration organiz	ed under the la	ws of the State o	of Florida
in ord	er to change its registered off	îce or registere	ed agent, or bo	th, in the State o	of Florida.
1. The name of	the corporation: SULLIV	AN CON	<u>ISTRUC</u>	TION COI	MPANY
2. The principal	office address: 5310 N	N 22nd A	\ ve		
<u>Tamara</u>	ic, FL 33309				
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 4/1	7/2006	Document	number: P06	000054413
	d street address of the current rtment of State: (If resigned,			ed office on file	with the
	REGISTERED	AGENT	SOLUTI	ONS, IN	C.
	52894 Remington Gre	en Ln.	Ste. /	A	
	Tallahassee		FL	32308	
6. The name and (if changed):	SULLIVAN, AN 5310 NW 22nc	MANDA	(if changed) an	d /or registered	office
	00101111 22110		OT acceptable		<u></u>
	Tamarac	FL	3330)9	
The street address changed will	ess of its registered office an be identical.	d the street ad	dress of the bu	isiness office of	fits registered agent.
Such change wa authorized by the	as authorized by resolution d ne board, or the corporation	luly adopted b has been notifi	y its board of election writing of	directors or by a of the change.	an officer so
101	el Sullivan re of an officer or director	N	lichael S	ullivan	President
I hereby accept I further agree of my duties, an document is bei	the appointment as registers to comply with the provision ad I am familiar with and acc ng filed merely to reflect a c s been notified in writing of t	s of all statute ept the obliga hange in the r	oree to act in	this canacity	
M	الله مزوم		12/21/20	23	
Sig	nature of Registered Agent		12/2 1120	Date	
If signing on be	half of an entity:				
Mackenzie Hible	er, Assistant Secretary				
T	yped or Printed Name				
	* * * F	ILING FEE:	\$35.00 * * *		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)