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TA

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 453407 4341271

AUTHORIZATION

COST LIMIT : \$\35.00 Rear

ORDER DATE: February 1, 2022

ORDER TIME : 9:01 AM

ORDER NO. : 453407-043

CUSTOMER NO: 4341271

CHANGE OF AGENT

NAME: AMCAP CONSTRUCTION COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation r to change its registered office or	organized under the lav	vs of the State of _	Florida
1. The name of t	he corporation: AMCAP CONSTRI	UCTION COMPANY		
	office address: 208 E OCEAN AV		?	
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 04/25/2008 Document number:			number: P08000	042480
	street address of the current regist tment of State: (If resigned, enter n		d office on file wi	th the
	CT CORPORATION SYSTEM			
	1200 S PINE ISLAND RD			20221 SEC
	PLANTATION	FL	33324	ART TO
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Corporation Service Company			
				35
1201 Hays Street P O Box NOT acceptable				
	Tallahassee	FL	32301	_
The street addre as changed will	ss of its registered office and the s be identical.	street address of the bu	siness office of its	s registered agent.
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	lopted by its board of d en notified in writing o	irectors or by an of the change.	officer so
<u> </u>	E. almi	Jill Cilmi		Vice President
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as registered age o comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch n Service Company	ent and agree to act in t Il statutes relative to the e obligation of my posi in the registered office	his capacity proper and com tion as registered address, I hereb	
By: XX	Lea Cottoble Lature of Registered Agent	02/03/2022	Date	
lf signing on bel			17410	
	Asst. Vice President ped or Printed Name			

* * * FILING FEE: \$35.00 * * *