PC900095642

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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JUL 11 2017 S. YOUNG



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Change Registered Agent

Name of Corporation

DOCUMENT NUMBER: P09000095642

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:

Kelly Munoz

Name of Contact Person

Central Southern Construction Corp.

Firm/Company

232 Trout River Drive

Address

Jacksonville, FL 32208

City/State and Zip Code

kelly.munoz@centralsouthern.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Munoz

,904

955-3036

Name of Contact Person

Area Code & Daytime Telephone Number

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 Street Address:

Amendment Section
Division of Corporations
Clifton Building
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, nge is submitted for a corporation organized under the laws of the r to change its registered office or registered agent, or both, in the S	State of Florida
	he corporation: Central Southern Construction Corp. office address: 2410 Harper Street Jacksonville FL 32204	
3. The mailing a	ddress (if different): 232 Trout River Drive Jacksonville, FL 32208	
4. Date of incorp	poration/qualification: 11/23/2009 Document number:	P09000095642
	street address of the current registered agent and registered office current of State: (If resigned, enter resigned)	on file with the
	SPIEGEL & UTRERA, P.A.	
	1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	 ;; 1
6. The name and (if changed):	street address of the new registered agent (if changed) and /or regis	stered office
	232 Trout River Drive Jacksonville, FL 32208 P.O. Box NOT acceptable	
The street addre	ss of its registered office and the street address of the business of be identical.	fice of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors of e board, or the corporation has been notified in writing of the cha	or by an officer so
I further agree t performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capal o comply with the provisions of all statutes relative to the proper my duties, and I am familiar with and accept the obligation of my is document is being filed merely to reflect a change in the registe that the corporation has been notified in writing of this change.	and complete position as registered
Signature of Registered Agent 6/29/2017 Date		17
If signing on bel	nalf of an entity:	
Kelly Muno	DZped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)