## P11 0000 20459

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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SECRETARY OF STATE
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: UNITED CONSTRUCTION GROUP INCOME Name of Corporation	CORPORATED	
DOCUMENT NUMBER: P11000020459		
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ENDRE BANFI		
Name of Contact Person	<del></del>	
UNITED CONSTRUCTION GROUP INCORPORATE	ED	
Firm/Company		
1 SUNSHINE BLVD		
Address		
ORMOND BEACH, FL 32174		
City/State and Zip Code	<del></del>	
endreb@unitedwaterrestoration.		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, plea	ase call:	
ENDRE BANFI	at (386 ) 492-6904	
Name of Contact Person	at (386 ) 492-6904  Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the De	epartment of State.	
Mailing Address: Amendment Section Division of Corporations	Street Address:  Amendment Section  Division of Corporations	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Sorganized under the laws of the State of $\underline{F}$ egistered agent, or both, in the State of $F$	LORIDA	
	he corporation: UNITED CONSTRU	•	ioriaa.	
	office address: 1 SUNSHINE BLVD.			
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 3/1/2011	Document number: P1100002	0459	
	street address of the current registe tment of State: (If resigned, enter res	red agent and registered office on file wit signed)	h the	
	FOCUS 9 ENTERPRISES LLC			
	601 DELTONA BLVD. SUITE 102			
	DELTONA, FL 32725		~3	
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered off	2021 JUN -7 AM 12: 53 SECRETARY OF STATE TALLAHASSEE. FL	
	ENDRE BANFI		HAY	
	I SUNSHINE BLVD.		SEE SEE	
P.O. Box NOT acceptable ORMOND BEACH, FL 32174				
			(''	
The street addre as changed will	ss of its registered office and the st be identical.	treet address of the business office of its	registered agent.	
Such change wa authorized by th	s authorized by resolution duly add e board, or the corporation has bee	opted by its board of directors or by an or notified in writing of the change.	officer so	
Signatur	e of an officer or director	LAJOS MAGY	UP	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered ager o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change , heen notified in writing of this cha	nt and agree to act in this capacity, statutes relative to the proper and com cobligation of my position as registered in the registered office address, I hereb inge.	plete performance agent. Or, if this v confirm that the	
	Harlo	05.14.202	.	
	lattre of Registered Agent	Date		
	nalf of an entity:			
Endre	Banti ped 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 (04/13)