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| (Requestor's Name)      |                 |                |  |  |
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| PICK-UP                 | ☐ WAIT          | MAIL           |  |  |
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| (Bu                     | siness Entity   | Name)          |  |  |
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| Certified Copies        | _ Certific      | ates of Status |  |  |
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| Special Instructions to | Filing Officer: |                |  |  |
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|                         | Office Use      | Only           |  |  |

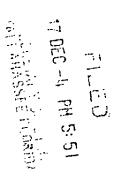


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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: Larsen Contracting South, Inc.  Name of Corporation   |  |  |  |  |
| DOCUMENT NUMBER: P12000036590  |  |  |  |  |
| 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:  |  |  |  |  |
| John Greg Larsen   |  |  |  |  |
| Name of Contact Person   |  |  |  |  |
| Larsen Contracting South, Inc.   |  |  |  |  |
| Firm/Company   |  |  |  |  |
| 7815 Ontario Street Circle   |  |  |  |  |
| Address  |  |  |  |  |
| Sarasota, Florida 34243  |  |  |  |  |
| City/State and Zip Code  |  |  |  |  |
| larsen8007@sbcglobal.net ✓   |  |  |  |  |
| E-mail address: (to be used for future annual report notification)   |  |  |  |  |
|  |  |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |  |
|  |  |  |  |  |
| John Greg Larsen  Name of Contact Person  Name of Contact Person  at (708 ) 243-6555  Area Code & Daytime Telephone Number |  |  |  |  |
| . Area code de Daytime Telephone Number  |  |  |  |  |
| Enclosed is a \$35,00 check made payable to the Department of State.   |  |  |  |  |
|  |  |  |  |  |
| <u>Mailing Address:</u> <u>Street Address:</u> Amendment Section Amendment Section   |  |  |  |  |
| Division of Corporations Division of Corporations  |  |  |  |  |
| P!O. Box 6327 Clifton Building   |  |  |  |  |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301   |  |  |  |  |
| · arranasco, i e susvi   |  |  |  |  |

CR2E045 (03/12)

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

| , ,   |   | d under the laws of the State of Florida<br>d agent, or both, in the State of Florida.   |          |
|---|---|--|----------|
| 1. The name of the corporati  | ion: Larsen Contracting   | South Inc.   |          |
| 2. The principal office addre   | ess: 7815 Ontario Stree   | et Circle  |          |
|   | Sarasota, Florida 3   | 34243  |          |
| 3. The mailing address (if di   | ifferent):  |  |          |
| 4. Date of incorporation/qua  | dification: 4/18/2012   | Document number: P12000036590  | )        |
|   | ess of the current registered ager<br>ate: (If resigned, enter resigned)                                  | nt and registered office on file with the  |          |
| John G.   | Larsen  |  | -17      |
| 2095 Ti   |   |  | PEC -    |
| Port Ch   | arlotte, Florida 33948  |  | HA TH    |
| 6. The name and street addr<br>(if changed):  | ess of the new registered agent (   | if changed) and /or registered office  | H 5: 51  |
| John G  | Larsen  |  |          |
| 7815 O  | ntario Street Circle  |  |          |
|   | P.O. Box NOT aco  | eptable  |          |
| Sarasot   | a, Florida 34243  |  |          |
| The street address of its reg<br>as changed will be identica                            | gistered office and the street add<br>l.  | dress of the business office of its registered   | agent.   |
| Such change was authorized by the board, or   | d by resolution duly adopted by<br>the corporation has been notific                                       | tits board of directors or by an officer so ed in writing of the change.   |          |
| Sug à   |   | John G. Larsen, President  |          |
| I further agree to comply w<br>performance of my duties, a<br>gent. Or if this document | tment as registered agent and a<br>with the provisions of all statutes<br>and I am familiar with and acce | s relative to the proper and complete<br>opt the obligation of my position as register<br>a change in the registered office address. I | red<br>' |
| J ship of   | ason 1  | 12/1/2017  |          |
| Signature of Regist If signing on behalf of an e  | ·   | Date   |          |
| Typed or Printed  | Name  |  |          |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314