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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803 : (855)330-1010 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*.

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## REGISTERED AGENT CHANGE REPUBLIC CONSTRUCTION CORP

Certificate of Status	0
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Help 12 2021

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

statement of cha	nge is submitted for a corporation	organized under the laws of the State of Florida.  registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Republic Construc	tion Corp
2. The principal	office address: 601 N CONGRESS	S AVE STE 311 DELRAY BEACH, FL 33445
3. The mailing a	ddress (if different): 601 N CONGR	ESS AVE STE 311 DELRAY BEACH, FL 33445
4. Date of incorp	poration/qualification: 10/31/13	Document number: P13000089321
5. The name and Florida Depar	I street address of the current registement of State: (If resigned, enter t	ered agent and registered office on file with the esigned)
	NEUBARTH, STEVEN	
	601 N CONGRESS AVE S	7021 FEB 11
	DELRAY BEACH, FL 33445	
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and for registered office?
	Northwest Registered A	Agent LLC
	7901 4th St N STE 300	
	St. Petersburg FL 3370	NOT acceptable  2
as changed will	be identical.	street address of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
STEVEN Signati	NEUBARTH ure of an officer or director	STEVEN NEUBARTH Printed or typed name and title
		ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, l ified in writing of this change.
lon	Glove	02/10/2021
Sig	mature of Registered Agent	Date
	chalf of an entity:	
Tom Glove	yped 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 \* \* \*