P14000000480

| (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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Office Use Only



400267123944

12/08/14--01018--017 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT. Commercial Construction Services, Inc.

Name of Corporation

DOCUMENT NUMBER: P14000000480

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:

Daniel T. Davis

Name of Contact Person

Commercial Construction Services, Inc.

Firm/Company

3621 St. Augustine Road

Address

Jacksonville, FL 32207

City/State and Zip Code

dan@ccsjacksonville.com

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

For further information concerning this matter, please call:

Dan Davis

.,904

551-3003

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

| Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation organization order to change its registered office or regi. | anized under the laws of the Stat | te of Florida | _ |
|---|--|---|---------------|
| 1. The name of the corporation: Commercial Cor 2. The principal office address: 3621 St. Augusti | nstruction Services, Inc ine Road,Jacksonville | 5. FL 32207 | |
| 3. The mailing address (if different): | | | |
| 4. Date of incorporation/qualification: 01/02/2017 | Document number: P | 140000 | 200 |
| 5. The name and street address of the current registered Florida Department of State: (If resigned, enter resig | | ile with the | |
| Milam Howard Nicandri De | es & Gilliam, P.A. | | |
| 14 East Bay Street | | | |
| Jacksonville, FL 32202 | | | NC. |
| 6. The name and street address of the new registered ag (if changed): Daniel T. Davis | ent (if changed) and /or register | 1 3 | SECRETARY CON |
| 3621 St. Augustine Road | | — PH | (POR. |
| | OT acceptable | — : 2 | ATE |
| Jacksonville, FL 32207 | | | 55 |
| The street address of its registered office and the street as changed will be identical. Such change was authorized by resolution duly adopte authorized by the board, or the perpenation has been not be accorded. | | | ent, |
| authorized by the board, or the corporation has been n | | | |
| Signature of an efficer or director | Daniel T. Davis Pre | | _ |
| I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sta performance of my duties, and I am familiar with and agent. Or, if this document is being filed merely to re hereby confirm that the corporation has been notified | ind agree to act in this capacity stutes relative to the proper and accept the obligation of my po flect a change in the registered | , l complete sition as registered | |
| Jane & ster | 12/04/2014 | | |
| Signature of Registered Agent | Date | | _ |
| If signing on behalf of an entity: | | | |
| Typed or Printed Name | | | |
| * * * FILING F | EE: \$35.00 * * * | | |

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