## 716000051596

(Requestor's Name)							
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Full Mun Construction Inc. Name of Corporation	
DOCUMENT NUMBER: \$16000051596	
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:	
Jenny L. Munera  Name of Contact Person	
Full Mun Construction, Inc.	
500 NW 141 St Are, # 204	
Pembroke Pines, Fl 33028 City/State and Zip Code	
Yennyhole hotmail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Venny Munera at 786 230 - 6908  Name of Contact Person Area Code & Daytime Telephone Num	>
Name of Contact Person Area Code & Daytime Telephone Num	nber
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section  Street Address: Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

Pursuant to the provisions of sec statement of change is submitted in order to change its re	for a corporation org	anized under th	ie laws of th	e State of <u>F</u>	<u>lorida</u>
1. The name of the corporation:_	Full MUN	Constr	ution	Inc.	
2. The principal office address:	500 NW	1415+	Ave	#201	t
	Pembrore	Pines,	, F/ 3	3028	
3. The mailing address (if differe	nt):	<del>-</del>			
4. Date of incorporation/qualifica	ution: June 13	, <u>2016</u> Docum	ient number	: P1600	0051596
5. The name and street address o Florida Department of State: (			istered office	e on file with t	he
Yenny	L. Holko	<u>^</u>			,
20010	NW 63 AV	e			
Hiulea	h, Fl 330	15	<u>-</u>		
6. The name and street address o (if changed):				gistered office	
<u>Yenn</u>	Y L. Mune NW 1415+ A PO BOX N	ra			
_ 500 1	งเบ 141 <sup>st</sup> /	ave #	204		
Donah	Toke Pines	OT acceptable	 :07 P		
The street address of its register as changed will be identical.		•		office of its re	gistered agent.
Such change was authorized by authorized by the board, or the	resolution duly adopt corporation has been t	ed by its board notified in writ	of directors	s or by an offi	cer so
Signature of Im officer or dire	en	_ Yen	Printed or typed		/ President
I hereby accept the appointment I further agree to comply with the performance of my duties, and I agent. Or, if this document is be hereby confirm that the corporal	t as registered agent a	ind agree to ac atutes relative I accept the ob- effect a change I in writing of i	t in this cap to the prope ligation of n in the regis this change.	pacity, er and comple ny position as tered office a	te registered ddress, I
Jems Me Japanure of Algistered A	gent		10/1	1/2017	
If signing on behalf of an entity					
Yenny L - M Typed or Printed Name	unera				

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

Make checks payable to Florida Department o

