P16000051596

(Re	equestor's Name)	
(Ac	idress)	
·	ddress)	
(Ci	ty/State/Zip/Phone	#)
_	☐ WAIT	_
(Bu	usiness Entity Nam	ne)
		<u> </u>
(Do	ocument Number)	
fied Copies	_ Certificates	of Status
ecial Instructions to Filing Officer:		
	J. HORNE JAN 24 2	1923

Office Use Only



700396230497

10/24/22--01036--010 **35.00





COVER LETTER

TO:

Amendment Section

Division of Corporations
SUBJECT: Full Mun Construction Inc Name of Corporation
DOCUMENT NUMBER: PL 16 0000515 96
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:
Venny Munera Name of Contact Person Full Mun Construction Inc. Firm/Company 2580 Case Rd. Address Lubelle Fl. 33935 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yenny Munera at (786) 230 - 6908 Name of Contact Person Area Code & Daytime Telephone Number
' 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

The Centre of Tallahassee 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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of $\frac{F \circ c}{\Delta}$
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Full Mon Construction Inc.
2. The principal office address: 2580 Case Rd. Lubelle Fl. 33935
2. The principal office dodress.
3. The mailing address (if different):
4. Date of incorporation/qualification: 06 13 2016 Document number: PL 1600051596
 The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Yenny L. Munera
Yenny L. Munera 3054 Adcock Or. ≥00 ≈
Labelle Fl. 33935
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Venny L. Munera 2580 Case Rd.
2580 Case Rd. P.O. Box NOT acceptable
Labelle Fl 33935
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Jenny L. Munera / President Signature of an officer or director Printed or typed name and little
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 10/18/2022
If signing on behalf of an entity:
Typed 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)