

PI 000092220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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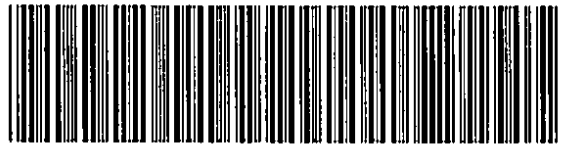
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RMX Contracting Services Inc  
Name of Corporation

**DOCUMENT NUMBER:** P16000092220

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:

Lora Knopf

Name of Contact Person

RMX Contracting Services

Firm/Company

10752 Deerwood Park Blvd. #100

Address

Jacksonville, FL 32256

City/State and Zip Code

info@rmxconstruction.com

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

For further information concerning this matter, please call:

Lora Knopf

Name of Contact Person

at (855) 769-6262

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


**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RMX Contracting Services Inc
2. The principal office address: 10752 Deerwood Park Blvd. #100  
Jacksonville, FL 32256
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/16/2016 Document number: P16000092220
5. 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)  
Karstaedt & Stanko, P.A.  
301 W. Bay St. Suite 14132  
Jacksonville, FL 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Barbara Jean Ifft  
10752 Deerwood Park Blvd. Suite 100  
P.O. Box NOT acceptable  
Jacksonville, FL 32256

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.

  
Signature of an officer or director

Barbara J. Ifft Director

Printed or typed name and title

*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

06/25/2020

Date

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)

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