## P17000085964

(Re	questor's Name)	
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(/ 10	41033)	
(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: United Construction Specialists, Inc. Name of Corporation	<u> </u>
DOCUMENT NUMBER: P17000085964	
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please return all correspondence concerning th	-
Angela Riggs	
Name of Contact Person	<del></del>
United Construction Specialists, Inc.	
Firm/Company	<del></del>
293 Hidden Bay Drive Unit 102	
Address	<del></del>
Osprey, FL 34229	
City/State and Zip Code	<del></del> _
ariggs@me.com	
E-mail address: (to be used for future annua	al report notification)
	report notification;
For further information concerning this matter,	please call:
Angela Riggs	(941 445-2200
Name of Contact Person	at ( 941 ) 445-2200 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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Sta. organized under the laws of the State of <mark>Flo</mark> egistered agent, or both, in the State of Flor	rida	<u></u>	
1. The name of	the corporation: United Construction	Specialists, Inc.			
	office address: 293 Hidden Bay Driv				
3. The mailing a	iddress (if different): 2055 Siesta Dri	ive #15681, Sarasota, FL 34277			
		Document number: P170000859	164		
5. The name and Florida Depar	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with signed)	the		
	Angela Riggs				
	432 MacEwen Drive		50 50 50	2020 SEP -8	
	Osprey, FL 34229			SEP	-
6. The name and (if changed):	I street address of the new registered	l agent (if changed) and /or registered office	ARY OF	-8 AM	- Comp.
	Angela Riggs		±15° ErCo	9. 1	•
	293 Hidden Bay Drive Unit 102	<del>-</del>	111	9	
		O. Box NOT acceptable			
	Osprey, FL 34229				
The street addre as changed will	ss of its registered office and the st be identical.	treet address of the business office of its re	gistered	agent,	
Such change wa authorized by th	is authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an off in notified in writing of the change.	icer so		
Juga Juga	ila Ricxo	Angela Riggs			
, , , ,	Aot an officer or director	Printed or typed name and title			
g my auties, an document is bei	the appointment as registered age o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agree to act in this capacity. statutes relative to the proper and comple obligation of my position as registered ag in the registered office address, I hereby c inge.	te perfor gent. Or confirm th	mance if this at the	
Such	la Riva	09/03/20			
Sig	nature of Registered Agent	Date		<del></del>	
f signing on bel	nalf of an entity:				
Ty	ped 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)