

P 18000053389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

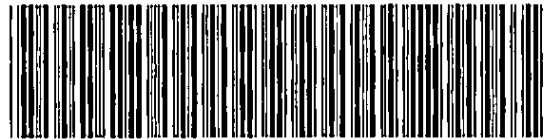
(Business Entity Name)

(Document Number)

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R. WHITE

DEC 20 2018

**FILED**  
2018 DEC 19 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2018

LYNDA AGUAYO  
4942 COUNTY HWY 181-C  
PONCE DE LEON, FL 32455

*Please return to:* →

SUBJECT: A PLUS HOME CONSTRUCTION, INC.  
Ref. Number: P18000053389

We have received your document for A PLUS HOME CONSTRUCTION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Section 6 of the statement of change of registered agent must be completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 318A00018088

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **A PLUS HOME CONSTRUCTION, INC.**

Name of Corporation

DOCUMENT NUMBER: **P18000053389**

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:

**LYNDA AGUAYO**

Name of Contact Person

Firm/Company

**4942 COUNTY HIGHWAY 181-C**

Address

**PONCE DE LEON, FLORIDA 32455**

City/State and Zip Code

**LYNGREAG@AOL.COM**

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

For further information concerning this matter, please call:

**LYNDA AGUAYO**

Name of Contact Person

**850 209-6226**

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

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18 AUG 27 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 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: A PLUS HOME CONSTRUCTION, INC.
2. The principal office address: 196 EAST PICASSO CIRCLE  
DEFUNIAK SPRINGS, FLORIDA 32433
3. The mailing address (if different): 4942 COUNTY HIGHWAY 181-C  
PONCE DE LEON, FLORIDA 32455
4. Date of incorporation/qualification: 06/12/2018 Document number: P18000053389
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)

\*\*\*NAME CHANGE ONLY TO FULL NAME OF OWNER\*\*\*

JOSE MANUEL GONZALEZ-VARGAS

196 EAST PICASSO CIRCLE DEFUNIAK SPRINGS, FLORIDA 32433

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Postal Money Order Jose Manuel Gonzalez - Vargas  
No. 2492 7771 262 196 East Picasso Circle  
12.7.18 De Funiak Springs, Florida 32433  
P.O. Box NOT acceptable

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.

Jose Manuel Gonzalez Vargas  
Signature of an officer or director

JOSE MANUEL GONZALEZ-VARGAS  
Printed or typed name and title OWNER

*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

JULY 24, 2018

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2018 DEC 19 PM 12:46

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