## PA0000 26434

, prin,		
(Red	questor's Name)	
(Add	dress)	
(Ade	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nan	ne)
•	•	,
(Do	cument Number)	
	,	
Certified Copies	Certificates	of Statue
Certified Copies	_ Certificates	o o otatus
Special Instructions to	Filing Officer:	

Office Use Only



800333966908

69/11/19--01009--021 ++95.00

2019 SSP 11 PH 1:57

D WHOTE SIZ 11 III

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: PDD Construction, Inc

Name of Corporation

P19000026434

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:

Christina Magana

Name of Contact Person

PDD Construction, Inc.

Firm/Company

PO BOX 1197

Address

Davenport, FL 33836

City/State and Zip Code

go@pddconstruction.com

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

For further information concerning this matter, please call:

Christina Magana

863

547-6740

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this e is submitted for a corporation organized under the laws of the State of Florida ochange its registered office or registered agent, or both, in the State of Florida.
1. The name of the	comporation: PDD Construction, Inc
2. The principal off	ace address: 9416 129th Court Fellsmere, FL 32948
3. The mailing addr	ress (if different): PO BOX 1197 Davenport, FL 33836
4. Date of incorpora	ation/qualification: 3/21/2019 Document number: P19000026434
5. The name and str	reet address of the current registered agent and registered office on file with the ent of State: (If resigned, enter resigned)
D.	ARRON RANEY
10	0328 FROG POND DR.
R	IVERVIEW, FL 33569
6. The name and str (if changed):	reet address of the new registered agent (if changed) and /or registered office
<u>J</u> (	ulio Gamez
94	416 129th Court  P.O. Box NOT acceptable
F	ellsmere, FL 32948
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
Such change was a	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signature o	1 an officer or director Printed or typed name and title
I hereby accept the I further agree to c performance of my agent. Or, if this a hereby confirm tha	e appointment as registered agent and agree to act in this capacity.  comply with the provisions of all statutes relative to the proper and complete  duties, and I am familiar with and accept the obligation of my position as registered  document is being filed merely to reflect a change in the registered office address, I  at the corporation has been notified in writing of this change.
- July	re of Registered Agent Date
If signing on behal	
Турес	d or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CD2D045 (03/)