

P220000011397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

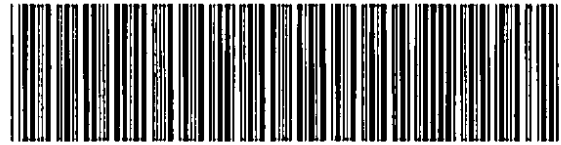
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OFFICE OF CORPORATIONS  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: THE MCFARLANE CONSTRUCTION GROUP INC  
Name of Corporation

DOCUMENT NUMBER: P22000011397

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:

BRYAN MCFARLANE

Name of Contact Person

THE MCFARLANE CONSTRUCTION GROUP INC

Firm/Company

5401 S. KIRKMAN RD. STE.310

Address

ORLANDO, FL 32819

City/State and Zip Code

info@mcfarlaneconstructiongroup.com

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

For further information concerning this matter, please call:

BRYAN MCFARLANE

Name of Contact Person

at ( 917 ) 887-7402

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: THE MCFARLANE CONSTRUCTION GROUP INC
2. The principal office address: 5401 S. KIRKMAN STE 310, ORLANDO, FL 32819
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/4/22 Document number: P22000011397
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)

BRYAN MCFARLANE

1221 ARDEN OAKS DR

OCFEE, FL 34761

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

BRYAN MCFARLANE


5401 S. KIRKMAN RD. STE 310

P.O. Box NOT acceptable

ORLANDO, FL 32819

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

BRYAN MCFARLANE, PRES

\_\_\_\_\_  
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

7/8/22

\_\_\_\_\_  
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  
CR21045 (04/13)