P22000086182

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COVER LETTER

	mendment Section ivision of Corporations	
SUBJECT Name of C	Lee General Contracting, Inc.	
DOCUMI	ENT NUMBER: P22000086182	
The enclos	sed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please retu	arn all correspondence concerning this	matter to the following:
George W.	Gift, III	
Name of C	Contact Person	
Knott Ebeli		
Firm/Com	pany	
	ry Street, 3rd Floor	
Address		-
Fort Myers,	, FL 33901	
City/State	and Zip Code	
	ggift@knott-law.com	
E-mail add	dress: (to be used for future annual	report notification)
For further	information concerning this matter, ple	ease call:
George W.	Gift, III	239 334-2722
	Name of Contact Person	at (239) 334-2722 Area Code & Daytime Telephone Number
Enclosed is	s a \$35.00 check made payable to the D	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Amendment Section Division of Corporations	Amendment Section
	P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	1 .O. DOX 034/	THE CENTE OF FAHANASSEE

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of change is submitte	ed for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida ered agent, or both, in the State of Florida.
		-
1. The name of the corporation		
2. The principal office address Fort Myers, FL 33905		
3. The mailing address (if diffe		
4. Date of incorporation/qualif	ication: 11/16/2022	Document number: P22000086182
	of the current registered as	gent and registered office on file with the
George H. Kno	ott, Esq.	
1625 Hendry S	Street, 3rd Floor	
Fort Myers, FL	. 33901	
6. The name and street address (if changed):	of the new registered agen	at (if changed) and /or registered office
George W. Gif	t, 111	
1625 Hendry S	Street, 3rd Floor	
Fort Myers, FL	P.O. Box	NOT acceptable
		by its board of directors or by an officer so ified in writing of the change.
Signature of an officer or do		Printed or typed name and tit e
I hereby accept the appointme. I further agree to comply with of my duties, and I am familian document is being filed merely corporation has been notified Signature of Registered		l agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
If signing on behalf of an entity	ν y:	
CTengs G Typod or Frinted Nam	in fi	
	* * * FILING FE	Z: \$35.00 * * *
MAKE (MAIL TO: DIVISIO CR2E045 (04/13)	CHECKS PAYABLE TO FLOR ON OF CORPORATIONS, P.C	RIDA DEPARTMENT OF STATE D. BOX 6327, TALLAHASSEE, FL 32314