P23000080540

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800431142998

09,411/21--61912--620 **35,63

2024 JUN 11 AN 9: 06

GUE 13 8. PRATHER

COVER LETTER

TO:, Amendment Section Division of Corporations

SUBJECT: Space Coast Construction INC. Name of Corporation	
DOCUMENT NUMBER: P23000080540	· · · · · · · · · · · · · · · · · · ·
The enclosed Statement of Change of Registered (Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Carlton Benedetto	
Name of Contact Person	
Space Coast Construction INC.	
Firm/Company	
661 Travis Court	
Address	
Rockledge FL 32955	
City/State and Zip Code	
nicola@spacecoastconstruction	.com
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, ple	ease call:
Nicola Benedetto	at (321) 961-9902
Name of Contact Person	at (321) 961-9902 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

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 cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida	
		egistered agent, or hoth, in the State of Florida.	
1. The name of	the corporation: Space Coast Constru	ection Inc.	
2. The principal	office address: 661 Travis Court Roc	kledge FL 32955	
3. The mailing a	address (if different):		_
4. Date of incorp	poration/qualification: 01/01/2024	Document number: P23000080540	_
	d street address of the current registertment of State: (If resigned, enter re-	red agent and registered office on file with the signed)	
	Benedetto, Carleton		
	1207 auburn Lakes Dr.		
	Rockledge FL 32955		
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	2024 JUN
	Benedetto, Carlton		[i] [i]
	661 Travis Court	(6 74)	-
	P.	O. Box NOT acceptable	~ ~~
	Rockledge FL 32955		
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly add to board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.	
Carlton a	Benedetto	Carlton Benedetto	
Signatu	re of an officer or director	Printed or typed name and title	
hereby accept further agree if further agree if focument is bei corporation has	the appointment as registered ager to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change t been notified in writing of this cha	nt and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the mge.	7
Carlton	r Benedetto	06/04/2024	
Sign	nature of Registered Agent	Date	
f signing on be	half of an entity:		
Tiv	/ped or Printed Name		

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