P97000071634

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , ,
PICK-UP WAIT MAIL
(Durings Fath, Mana)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
- Carrier and the same of the

Office Use Only



600446780546

03/17/25--01015--013 **35.00

2025 HAR 17 PH 5: 33

MM 6 175

COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: 15 Crock Construction Inc. Name of Corporation
DOCUMENT NUMBER: P9700071634
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:
Name of Contact Person Construction Firm/Company Address Construction Address Construction City/State and Zip Code Coseu tale to largorithmes. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Case Taller at (386) 673-0954 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Unidered in a \$25.00 shoot made much a the December of State

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

CR2E045 (04/E3)

025 HAR 17 PH 5: 3

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.
1. The name of the corporation: hargan Construction Inc. 2. The principal office address: 555 W. Crando Blud, C-4 Crand Beach, FL 33174
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/18/97 Document number: P97000071639
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)
Molke Kargar
555 W. Granada Bled. C-4
Ormand Beach, FL 30174
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mogan hargar
555 W. Cranada Blud. C-4
Ormand Beach, FL 32174
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.
Styphure of an officer or director Printed or typed maine and after
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.
Menume of Registered Jenny 3 14 55
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * * Make Checks payable to Florida Department of State
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE