that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL STEWART

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000108008

Entity Name: SOUTHERN CONCEPTS CONTRACTING LLC

Current Principal Place of Business:

2328 SHIPWRECK CIRCLE WEST JACKSONVILLE, FL 32224

Current Mailing Address:

2328 SHIPWRECK CIRCLE WEST JACKSONVILLE, FL 32224 US

FEI Number: 46-3330662

Name and Address of Current Registered Agent:

STEWART, EZEKIEL 2825 TREASURE COVE LN JACKSONVILLE, FL 32224 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	AUTHORIZED MEMBER
Name	STEWART, EZEKIEL	Name	STEWART, RACHEL
Address	2328 SHIPWRECK CIRCLE WEST	Address	2328 SHIPWRECK CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

02/03/2020 AUTHORIZED MEMBER

FILED Feb 03, 2020 Secretary of State 1727788053CC

Certificate of Status Desired: No

Date

Date