## L03000050559

(Requestor's Name)				
(Addre	ess)			
(Address)				
(City/S	state/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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**EXAMINER** 

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ		LL SQUARE BUILDEF		
		to or Emined Blacking Comp	<i>5</i> <b></b> ,	
Dear	Sir or Madam:			
The e	enclosed Registered Agent/Regis	ered Office Change and fee(	s) are submitted for filing.	
Pleas	e return all correspondence conc	erning this matter to the follo	owing:	
	TONY V. THIE	_		
	Name of Person	<del></del>		
	ALL SQUARE BUILDE	RS, LLC	7ACA 22	
	Firm/Company		AAR M	
	071 COLDSBV B	D	THINSEP 10 PM 4: 13	
	971 GOLDSBY R Address	<u>D.</u>		
			<b>™</b>	
	CANTA DOCA DEACH	EL 224E0		
	SANTA ROSA BEACH, City/State and Zip Code	TL 32439		
F	allsquarebidrs@mch -mail address: (to be used for future annua	si.com report notification)		
For fi	urther information concerning th	s matter, please call:		
	Esta Burleson	at ( 850 )	622-5713	
	Name of Person	Area Code	& Daytime Telephone Number	
	STREET/COURIER ADDRES	S: MAILING A	ADDRESS:	
	Registration Section			
	Division of Corporations		Division of Corporations	
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee,	Florida 32314	
	Tallahassee, Florida 32301			
	Enclosed is a check for the fo	llowing amount:	•	
	\$25 Filing Fee	\$55 Filing	Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Al	y: ALL SQUARE BUILDERS, LLC		
2. (a) Principal office address of limited liability compa	ny: 971 GOLDSBY RD		
(Note: MUST BE STREET ADDRESS)	SANTA ROSA BEACH, FL 32459		
(b) Mailing address of limited liability company:	755 GRAND BLVD.		
(Note: MAY BE POST OFFICE BOX)	#b105-102 MIRAMAR, FL 32550		
12/05/2003	L03000050559		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Departof State:		
Registered Agent:	TONY V. THIEL		
Registered Office Address:	755 GRAND BLVD. #B105-102 FINAL MIRAMAR, FL 32550 FINAL FINAL FL 32550		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	971 GOLDSBY RD.		
(MUST BE FLORIDA STREET ADDRESS)	97 I GOLDSBY RD.		
<del>, , , , , , , , , , , , , , , , , , , </del>	SANTA ROSA BEACH ,FL 32459		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company	Florida street address of the registered office		
Signature of a member or authorized representative of a member	<del></del>		
TONY V. THIEL	N.		
Printed or typed name of signee	<del></del>		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to n address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office my has been notified in writing of this change.		

Signature of Registered Agent