

LO8000031750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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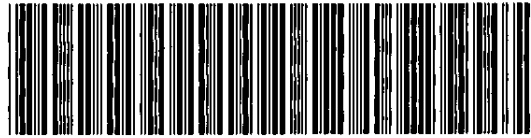
L. SELLERS

JUN 16 2008

EXAMINER

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cf \$25.00



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2008

ANGELA WILSON
3691 POVERTY CREEK ROAD
CRESTVIEW, FL 32539

SUBJECT: #1 EMERALD COAST REMODELING & CUSTOM HOMES, LLC
Ref. Number: L08000031750

We have received your document for #1 EMERALD COAST REMODELING & CUSTOM HOMES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 308A00030538

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: #1 Emerald Coast Remodeling & Custom Homes, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Wilson
(Name of Person)

#1 Emerald Coast Remodeling & Custom Homes, LLC
(Firm/Company)

3691 Poverty Creek Road
(Address)

Crestview, FL 32539
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin King at (850) 978-2805
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following 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. The name of the limited liability company is: #1 Emerald Coast Remodeling + Custom Homes LLC.
2. The mailing address of the limited liability company is: 3691 Poverty Creek Rd.
Crestview FL 32539

3. Date of filing/registration in Florida March 27, 2008

4. Document number L08000031750

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

John Wilson
Name
3691 Poverty Creek Rd.
Address
Crestview FL 32539
City, State and Zip

6. The name and address of the new registered agent and/or office:

Angela Wilson
Name
3691 Poverty Creek Rd.
Florida street address (P.O. Box NOT acceptable)
Crestview, FL 32539
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Kevin King
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32309
FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA