## 1000013603

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SECRETARY OF STATE
DIVISION OF CORPURATION
10 HAR 15 PM 1: 19

## **COVER LETTER**

Registration Section

TO:

Division of Corporations **E&DS HAULING LLC** SUBJECT: 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: Edward L. Adkins Name of Person E&DS HAULING,LLC Firm/Company 13142 Adams St. Address Brooksville FI 34613 City/State and Zip Code endhauls@gmail.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ed Adkins 279-2463 352 Name of Person Area Code & Daytime Telephone Number **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$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.

Name of the limited liability company:	E&DS HAULING LLC
(a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Brooksville, FL 34613
(b) Mailing address of limited liability company:	14996 Brookridge Blvd
(Note: MAY BE POST OFFICE BOX)	Brooksville, FL 34613
02/10/2009	L09000013603
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State
Registered Agent:	Adkins, Edward L JR
Registered Office Address:	14996 Brookridge Blvd Brooksville, FL 34613
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	13142 Adams Street Brooksville, FL 34613 .FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization
EOWARD L. ADKINS JR. Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	ngree to act in this capacity. I further agree to oper and complete performance of my duties, estion as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00