

L09000040219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

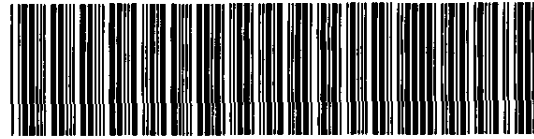
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 17 2015
T. L. BRYAN
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JLD EXCAVATING, LLC
Name of Corporation

DOCUMENT NUMBER: L09000040219

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:

JAMES L. DANIEL

Name of Contact Person

JLD EXCAVATING, LLC

Firm/Company

808 BUENA VISTA AVE.

Address

BROOKSVILLE, FLORIDA 34601

City/State and Zip Code

jdaniel70@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES L. DANIEL

Name of Contact Person

at (352) 540-0860

Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2014

JAMES L DANIEL
808 BUENA VISTA AVE
BROOKSVILLE, FL 34601

SUBJECT: JLD EXCAVATING, LLC
Ref. Number: L09000040219

We have received your document for JLD EXCAVATING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a LLC the codument you sent in is for a Florida Corporation, I am sending you the correct document to file.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 214A00011403

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: JLD Excavating, LLC

2. (a) 808 Buena Vista Ave.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Brooksville, Florida
34601

(b) 808 Buena Vista Ave.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Brooksville, Florida
34601

3. 04/27/2009
Date of filing/registration in Florida

4. L09000040219
Document number

5. (a) Debra F. Daniel, MGRM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

808 Buena Vista Ave.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Brooksville, FL 34601

(b) James L. Daniel
Enter name of NEW Registered Agent and/or NEW Registered Office address:

N/A - 808 Buena Vista Ave.
NEW Registered Office Address:
Brooksville, FL 34601

2014 JUN 13 A 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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

James L. Daniel
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 605, 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