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SECRETARY OF STATE NLLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations	
SUBJECT: Seminole Masonry, LLC	
Name o	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	matter to the following:
Jamie Hodges	
Name of Person	
Seminole Masonry, LLC	
Firm/Company	
3850 East Lake Mary Blvd	2015 TALL
Address	2015 AUG : SECRETA FALLAHAS
Sanford, Florida 32773	Mes ·
City/State and Zip Code	F STATE
jhodges@seminolemasonry.com	3: 24 ORIGA
E-mail address: (to be used for future annual	al report notification)
For further information concerning this matter, ple	lease call:
Jamie Hodges	407 971-2464
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 an	mount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.	Na	ame of the limited liability company: Seminole Maso	onry, l	LLC	
2.	(a)	3850 East Lake Mary Blvd.,	(b) 3850 East Lake Mary Blvd.,		
	(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (•	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Sanford, Florida 32773	-	Sanford,	Florida 32773
			_		
		04/17/2014		L1400006	33842
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	B & C Corporate Services of Central FL Inc			
٥.	(4)	Registered Agent and Registered Office shown on the records of the	e Florida	a Dept. of State	- 2:
		390 North Orange Avenue, Suite 1400			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	<u>2)</u>	-
		Orlando , FL 3	32801		TAI 2
	(b)	Jamie Hodges			ZIIIS AUG
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office ad	dress:	(C) 20
		3850 East Lake Mary Blvd.,			[™]
		NEW Registered Office Address:			D 3: 24 STATE LORIDA
		Sanford , FL 3	32773		
age wa	ent v s/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regi pility co the lin	stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
		for full	Jan	nie Hodge	
		ture of a member or authorized representative of a member			Printed or typed name of signee
the to	ovisi obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a charge in the registered office address, I he din writing of this change	e to act erform for in G ereby c	t in this cape ance of my o Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Sig	patti	of Registered Agent			