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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

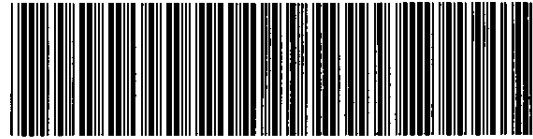
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

MAY 20 2011

LAW OFFICES OF
HERVEY P. LEVIN MBA, JD
SUITE 115
6918 BLUE MESA
DALLAS, TEXAS 75252
hervey@airmail.net

FAX (972) 733-3269

TELEPHONE (972) 733-3242

May 16, 2011

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

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2011 MAY 19 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: LIAT PAINTING & CONSTRUCTION GP, LLC

Enclosed please find duplicate originals of the *Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company* for the above entity along with the Cover Letter.

Please file one and return one, file stamped, to me in the enclosed pre-addressed envelope.

Enclosed is my check in the amount of \$25.00 to cover the filing fee. Should you have any questions concerning the enclosed documents, please advise me at your convenience.



Hervey P. Levin

HPL/pkt

Enclosures

pc: Danny Krengel, w/enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIAT PAINTING & CONSTRUCTION GP, 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:

Hervey P. Levin

(Name of Person)

Law Office of Hervey P. Levin

(Firm/Company)

6918 Blue Mesa Drive, Suite 115

(Address)

Dallas, Texas 75252

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Hervey P. Levin at (972) 733-3242

(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: LIAT PAINTING & CONSTRUCTION GP, LLC
2. The mailing address of the limited liability company is: 4505 Ratliff Lane, Suite 100, Addison, Texas 75001

06/19/2001

M01000001378

3. Date of filing/registration in Florida

4. Document number

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

ARIANNE LEVIN

Name

233 S. Federal Highway # 616

Address

Boca Raton, FL 33432

City, State and Zip

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

ARIANNE LEVIN COX

Name

316 N.E. 11th Avenue

Florida street address (P.O. Box NOT acceptable)

Ft. Lauderdale 33301

City, State and Zip

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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.

Ariane Levin Cox
(Signature of a member or authorized representative of a member)

ARIANNE LEVIN COX
(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.

Ariane Levin Cox
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00