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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

Division of Corporations	
	SH CARPENTRY, LLC  Liability Company)
(Name of Limite	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 m	patter to the following:
Trease return an correspondence concerning and in	acter to the following.
LUKE S. BRETT	
(Name of Person)	
3rd COAST FINISH CAPPENT	でいた。 NOV 29
3rd COAST FINISH CARPENT	10, CC
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2201 en 20th of	<u> </u>
2301 SW 25th St (Address)	
,	ORPORATIONS ORPORATIONS
CAPE CORAL FL 33914	AM II: 03
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter also	and calls
For further information concerning this matter, ple	ase can:
LUKE S. BRETT at (Name of Person)	(Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	23 400 1 ming 1 oc oc continue 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.

agona, or bonn, more some sy		•			
1. The name of the limited li					<u> </u>
2. The mailing address of the	e limited liability com	pany is : <u>2301</u>	5W 25th St	<del></del>	<u> </u>
CAPE CORAL, FL					
4-10-06		L06	000037125		<del>-</del>
3. Date of filing/registration	in Florida	4. Docum	ent number		
5. The name of the registered Florida Department of Sta	d agent and the register	red office address as	shown on the records of	of the	
	LUKE S. BRET				
•	3823 SE 11th	lame OL #4			
_		ddress		20	D
_9	CAPE CORAL F	2 33904 ate and Zip		96 NC	SECRE
6. The name and address of t	•	•		2006 NOV 29	OF CH
wisten	LUKE S. BRE	ा		A	0870 S. 45.0
_		ime		==	FAT
	2301 SW 25 <sup>t</sup> Florida street address (		table)	AH II: 03	STATE
<u>. c</u>		FL 33914 te 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.

Juke S. Brett	
(Signature of a member or authorized representative of a member)	_
LUKE S. BRETT	
(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 of Registered Agent)

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