

L000000010290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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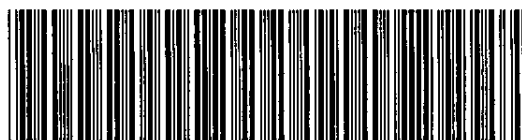
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D. BRUCE

OCT 15 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johnson-Laux Construction, 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:

Gina Marie Johnson

Name of Person

Johnson-Laux Construction, LC

Firm/Company

8100 Chancellor Drive, Suite 165

Address

Orlando, Florida 32809

City/State and Zip Code

anita@johnson-laux.com

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

For further information concerning this matter, please call:

Anita Birball

Name of Person

at (407)

770-2180

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

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TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Johnson-Laux Construction, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

4502 35th Street, Suite 500
Orlando, Florida 32811

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

4502 35th Street, Suite 500
Orlando, Florida 32811

10/02/2012

3. Date of filing/registration in Florida

4. Document number

600000010290

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Gina Marie Johnson

Registered Office Address:

4502 35th Street, Suite 500
Orlando, Florida 32811

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

-

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

8100 Chancellor Drive, Suite 165
Orlando, Florida 32809

,FL

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.

Gina Johnson
Signature of a member or authorized representative of a member

Gina Marie Johnson

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

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