## L0000013156

(Re	equestor's Name)	
(Ad	ldress)	<del> </del>
(Ad	idress)	
(Cit	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	LS

Office Use Only



000109191650

09/17/07--01037--027 \*\*55.00

## **COVER LETTER**

TO: Registration Section	1 <b>9</b> 7		
Division of Corporations			
O			
SUBJECT: Construct Corps, LLC	111111111111111111111111111111111111111		
(Name of Limit	ted 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	matter to the following:		
Scott Tashkin			
(Name of Person)	<del> </del>		
(1.12.10 0.1.10.10.10)			
Construct Corps, LLC			
(Firm/Company)	<del></del>		
,			
3104 N. Armenia Ave. #2W			
(Address)	<del></del>		
Tampa, FL 33607			
(City/State and Zip Code)	**************************************		
For further information concerning this matter, p	lease call:		
•			
Scott Tashkin	(813 ) 769-1100		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following an	nount:		
_	× 1		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		
	<del>-</del>		

## 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 limite	d liability company i	is: Constru	ıct Corps, L	TC		·
2. The mailing address of	f the limited liability	company i	is : <u>3104 l</u>	N. Armenia Ave.	. #2W	········
Tampa, FL 33607						_
					<u></u>	
October 26, 2000		4	ننستوب	000013156		
3. Date of filing/registrat	ion in Florida		4. I	Ocument numb	ber	
5. The name of the register Florida Department of		gistered of	fice addre	ess as shown or	n the records of t	he
,	William E. Clark					
		Name	<del>, ,</del>			
	3104 N. Armenia A	ve. #2W				
		Address	\$			
	Tampa, FL 33607	-	-	-		4.45
	Cit	ty, State an	nd Zip		SEP	
6. The name and address	of the new registered	l agent and	l/or office	<del>.</del> :	<u> </u>	***************************************
	Scott Tashkin				PH I: HA	, 1
	·····	Name		, ne		
	3104 N. Armenia A					,
	Florida street addr	ess (P.O. I	Box NOT	'acceptable)	<u></u>	•
	Tampa,	_FL_3	33607			
	City	, State and	Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member of author)	hange or changes are the registered agent reby confirmed that in nited liability company of the limited liabi	made, the will be ide the change ny or as ot lity compa	e Florida s entical. C e(s) was/w	street address o or, in the case o were authorized	f the registered of a Florida limite by an affirmativ	office ed e vote
· ·	-					
Scott Tashkin	···			·- ·		
(Printed or typed name of signee)						
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statules relat d accept the obligati this document is bein that the limited liab	l agent and tive to the p ons of my og filed to i ility compo	d agree to proper an position o merely rej any has b	o act in this cap nd complete per ns registered ag flect a change i een notified in	acity. I further of formance of my zent as provided in the registered writing of this ch	igree to duties, for in office iänge.

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

(Signature of Registered Agent)