10200000 Stolle

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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I HUSKITTON

COVER LETTER

TO: Registration Section Division of Corporations			
SUB.	ЈЕСТ: <u>Ѕреег</u>	Construction LLC	
		Name of Limited Liability Company	
Dear	Sir or Madam:		
		lates	
The e	inclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing. / Change of Addices	
Pleas	e return all correspondence (concerning this matter to the following:	
	John S Name of	Person	
	Speer Co Firm/Con	many	
	P.o. Boy Addres	568588	
	Orlando	F1. 32856	
	City/State an	d Zip Code	
		<u>eer const.</u> com for future annual report notification)	
For fi	irther information concernir	g this matter, please call:	
	John Sa	ee/at(<u>407_)702-7537</u>	
	Name of Person	Area Code & Daytime Telephone Number	
	Mailing Address:	Street Address:	
	Registration Section	Registration Section	
	Division of Corporation		
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
	Enclosed is a check for t	he following amount:	
	\$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	me of the limited liability company:	in LLC
? (a)	4515 Crichton Lane (b)	P.O. Box 568588
()	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Orlando, Florido 32806	Irlando, Florida 32856
	,	
	03/08/2002	0200005616
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	cbn Speer	
P. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of	State:
	708 Albertson Place, Orlando,	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		
	John Speer	_ _,
		FIL MINDEC 11 SECRETAGE FALL AHASS
(b)	JOHN Speer	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	<u> </u>
		SSE - m
	NEW Registered Office Address:	ED RES
		<u> </u>
	Urlando EL 32806	— 23
	1) land	ji.e.
If the li	imited 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
was/wc	vill be identical. Or, in the case of a Florida limited liability company, are authorized by an affirmative vote of the members of the limited liab	oility company or as otherwise provided in
	cles of organization or the operating agreement of the limited liability of	· ·
<u> </u>	ture of a member or authorized representative of a member	Printed or typed hame of signer
•	the control of the co	Timed of typed mane in signed
1 neret proviși	by accept the appointment as registered agent and agree to act in this c ons of all statutes relative to the proper and complete performance of t	apacity. I further agree to comply with the ny duties, and I am familiar with and accept
the obli to mere	ons of all statutes relative to the proper and complete performance of t igutions of my position as registered agent as provided for in Chapter (Ty reflect a change in the registered office address, I hereby confirm th	605, F.S. Or, if this document is being filed and the limited liability company has been
notifica	t in writing of this change.	
•	re of registered Agont	