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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Hiling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: UCT Construction Service (Name of Limited	Vices, LLC d Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Off	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Todd W. Schlemmer (Name of Person) UCI Construction Services, L (Firm/Company) 671 W. Lumsden Road (Address) Brandon, FL 33511 (City/State and Zip Code)	FILED 2001 AUG -3 P 1: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
For further information concerning this matter, plea	ase call:		
Todd W. Schlemmer at (813 <u>657-6776</u> (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 amo	ount:		
\$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 .		
1. The name of the limite					
2. The mailing address o	f the limited liability	company is: 6	71 West	- Lumsdei	n Rd.
Brandon, FL		- •			
5/15/2002		,	L02000	011757	
3. Date of filing/registration in Florida 4. Document number				<u> </u>	
5. The name of the registe Florida Department of	ered agent and the reg State: Mara B.	mandell,	ress as shown o	on the records o	of the
5. The name of the register Florida Department of	809 E. Blo Brandon, F	omingdale Address L 33511- y, State and Zip	# 292 8113	2001 SEC TALL,	
6. The name and address	Todd W. C	Sch lemmer Name umsden Roo	e: - ad	2001 AUG -3 P SECRETARY OF ST ALLAHASSEE, FLO	
		ess (P.O. Box NO 7 7, FL 33 , State and Zip		P 1: 17 OF STATE FLORIDA	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lip or the operating agreement (Signature of a member or author Todd W. Sch	hange or changes are the registered agent reby confirmed that the nited liability compant of the limited liability.	made, the Florida will be identical. (the change(s) was/ny or as otherwise lity company.	street address Or. in the case	of the registered of a Florida lim	d office nited
(Printed or typed name of signee) I hereby accept the appo- comply with the provision and I am familiar with an Chapter 508, F.S. Or, if address I hereby confirm)	agent and agree to ive to the proper a ons of my position of filed to merely re fility company has l	o act in this ca nd complete p as registered of flect a change been notified in	pacity. I furthe erformance of n agent as provide in the registere n writing of this	er agree to ny duties, ed for in ed office change.

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