

## L02000034230

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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**COVER LETTER** 

TO:	Registration Section
	Division of Compressions

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:

Armands Horale, (Name of Person)	1AT SI 31
(Firm/Company)	1001 HAY 25 SECRETARY TALLAHASSI
15628 Sw 63rd Serrace	mo m
City/State and Zip Code)	F STATE FLORIDA

For further information concerning this matter, please call:

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

S55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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 hoth, in the State of Florida.
1. The name of the limited liability company is: Horales Sand & Soil (C
2. The mailing address of the limited liability company is: 15628 Sw 63% terrace
- Uigel: fl 33193
4/23/07 60200034230
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Oity, State and Exp
6. The name and address of the new registered agent and/or office:
Florida street address (P.O. Box NOT acceptable)  Florida Street Address (P.O. Box NOT acceptable)  Florida Street Address (P.O. Box NOT acceptable)
City, State 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.
(Signature of a member)  Hilla (i) Armando Morales  (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
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 gonfirm that the limited liability company has been notified in writing of this change.

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

INHS18 (8/05)

(Signature of Registered Agent)