## 10300003248

| Mckitrick Enterprises,                  |  |
|---|--|
| 308 Coconut Grove Court (Address)       |  |
| St. Augustine, Fr 32084                 |  |
| (City/State/Zip/Phone #)                |  |
| PICK-UP WAIT MAIL                       |  |
| (Business Entity Name)                  |  |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer: |  |
| L03-3248                                |  |
| Office Use Only                         |  |



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1/2/02/04--01084--003 \*\*25.00

MJH

FIL (31)

## 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 limited liability company is:  | McKitrick Enterprises, LLC   |  |
|---|--|--|
|   | empany is:   |  |
| 308 Coconut Grove Court St. Augustine, F  | L 32084  |  |
| 01/29/2003  | L03000003248   |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |
| 5. The name of the registered agent and the regis<br>Florida Department of State:  Corporation Service  | tered office address as shown on the records of the  |  |
| - Corporation Control   |  |  |
| 1201 Hays Street  | Name   |  |
| Address Tallahassee, FL 32301 City, State and Zip   |  |  |
| City,   |  |  |
| 6. The name and address of the new registered agent and/or office:  Lee McKitrick  Name   |  |  |
| Lee McKitrick   | <u> </u>   |  |
| 308 Coconut Grove   | Name Silver Court  |  |
| Florida street address (P.O. Box NOT acceptable)  |  |  |
| St Augustine  | FL 32084   |  |
| City, S   | tate and Zip   |  |
| confirmed that after the change or changes are meand the business office of the registered agent wi   |  |  |
| (Signature of a memoer of authorized representative of a memor  | a <i>)</i>   |  |
| Lee W. McKitrick  | · · · · · · · · · · · · · · · · · · ·  |  |
| (Printed or typed name of signee)  I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability (Signature of Registered Agent) | gent and agree to act in this capacity. I further agree to a to the proper and complete performance of my duties, s of my position as registered agent as provided for in filed to merely reflect a change in the registered office y company has been notified in writing of this change. |  |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**