

LD3000010926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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12/19

**SHIPMAN, SOSENSKY, RANDICH & MARKS, LLC**

ATTORNEYS AND COUNSELLORS AT LAW

135 SOUTH ROAD  
FARMINGTON, CONNECTICUT 06032

PLEASE REPLY TO FARMINGTON OFFICE

**Reine Carré, Paralegal**  
(860) 606-1723  
Email: [reine@shipso.com](mailto:reine@shipso.com)

TELEPHONE (860) 606-1700  
FACSIMILE (860) 606-1770

NEW HAVEN OFFICE

9 TRUMBULL STREET  
NEW HAVEN, CONNECTICUT 06511  
TELEPHONE (203) 624-1522

December 18, 2007

***FEDEX DELIVERY***

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

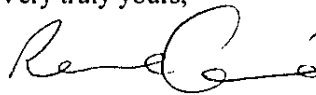
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07 DEC 19 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RE: ARTICLES OF AMENDMENT**

Dear Sir/Madam:

Enclosed for filing please find Articles of Amendments for Devcon Development, LLC, together with a check in the amount of \$25.00 to cover the filing fees. Thank you in advance for your assistance in this matter. Please contact me should you have any questions.

Very truly yours,



Reine Carré  
Paralegal

encl.

**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: Devcon Development, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

250 South Central Boulevard, Suite 207, Jupiter, FL 33458

March 26, 2003

L03000010926

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:

Richard P. Bellinger

\_\_\_\_\_  
Name

250 South Central Boulevard, Suite 207

\_\_\_\_\_  
Address

Jupiter, FL 33458

\_\_\_\_\_  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Chad P. LaBonte

\_\_\_\_\_  
Name


250 South Central Boulevard, Suite 207

\_\_\_\_\_  
Florida street address (P.O. Box NOT acceptable)

Jupiter FL 33458

\_\_\_\_\_  
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 or authorized representative of a member)

Chad P. LaBonte, its Manager

(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 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 confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

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

**FILED**  
07 DEC 19 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Devcon Development, LLC  
(Name of Limited Liability Company)

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:

Lawrence J. Marks, Esq.  
(Name of Person)

Shipman, Sosensky, Randich & Marks, LLC  
(Firm/Company)

135 South Road  
(Address)

Farmington, CT 06032  
(City/State and Zip Code)

**FILED**  
07 DEC 19 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Reine Carre at ( 860 ) 606-1723  
(Name of Person) (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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy