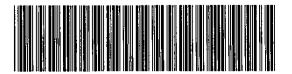
L03000021964

(Re	questor's Name)			
(Address)				
(Address)				
·				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



100274841941

100274841941 07/13/15--01016--012 **25,00

2015 JUL 13 AH ICP 34

JUL 1 5 2015

Y SULKER

COVER LETTER

INHS18 (2/14)

	ration Section on of Corporations	÷.			
SUBJECT: B	Banner Supply Company Port St. Lucie, LLC				
Name of Limited Liability Company					
Dear Sir or Ma	Dear Sir or Madam:				
The enclosed R	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
Michael P. P	Peterson				
	Name of Person				
Peterson, Ba	aldor & Maranges, PLLC				
	Firm/Company				
8000 SW 11	7 Avenue, Suite 206				
	Address				
Miami, Floric	da 33183				
	City/State and Zip Code				
michael@pb	omlegal.net				
E-mail ad	dress: (to be used for future annual report	rt notification)			
For further information concerning this matter, please call:					
Michael P. P	reterson 30	05 270-3773			
	Name of Person	Area Code & Daytime Teleph	none Number		
Registr Divisio Clifton 2661 E	et/COURIER ADDRESS: ration Section on of Corporations Building xecutive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
2 \$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 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.

	me of the limited liability company: Barrier Supp. 7195 NW 30 Street	y Company Port St. Lucie, LLC (b) 7195 Northwest 30th Street		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Miami, Florida 33122	Mailing address of limited liability (Note: MAY BE POST OFFICE Miami, Florida 33122	, ,	
3.	06/17/2003 Date of filing/registration in Florida	L03000021964 4. Document number		
5. (a)	Peterson, Baldor & Maranges, PLLC Registered Agent and Registered Office shown on the records of 10631 SW 88th Street, Registered Office Address (MUST BE FLORIDA STREET) Suite 220			
(b)			2015 JUL 13	
	Enter name of NEW Registered Agent and/or NEW Registered 8000 SW 117 Avenue NEW Registered Office Address: Suite 206	d Office address:	S AH G	
		L 33183	£.	
the cha agent v was/wa	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the State of Florida, it is hereby confirmed of the registered office and the business office of the liability company, it is hereby confirmed that the of the limited liability company or as otherwise pelimited liability company.	he registered change(s)	
I here provisi the ob- to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	Printed or typed name of signee pree to act in this capacity. I further agree to cone performance of my duties, and I am familiar will fed for in Chapter 605, F.S. Or, if this document is the limited liability company	nply with the th and accept is being filed y has been	
Signatu	We of Registered Agent Color as P.O. Division of Corporations • P.O. Mana (M. FILING F	Box 6327• Tallahassee, FL 32314 FEE: \$25.00		