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Office Use Only



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## 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.

agent, or both, in the state of	•	1		_	
1. The name of the limited	liability company is: _	Thurman	G. Kuho	isley Con	struction, le
2. The mailing address of the	ne limited liability com	pany is : <u> </u>	Box 166	· 	·
		McInto	osh, FL	32664	_ <del></del> .
12/3/03 3. Date of filing/registration		Lo	300004	9716	
3. Date of filing/registration	ı in Florida		nent number		<del>-</del>
5. The name of the registere Florida Department of Sta		red office address as	shown on the re	ecords of the	
	The Company	Comporation	<u> </u>		
	2711 Centeru Ac Wilmington C City, St	ille Rd Suite	5 400	177.1	
_	Wilmington City, Si	ate and Zip		04 OCT 15	7 }
6. The name and address of	the new registered ager	nt and/or office:		5	in should
 	Na Na 1405 SE 17 <sup>th</sup> Florida street address (I	me Street, Suite P.O. Box NOT accep	:_ 402- ptable)	15 PM 2: 09	J
	Ocala, I City, Stat	I 34471			
	City, Stat	e and Zip			
If the limited liability compactonfirmed that after the char and the business office of the liability company, it is hereb the members of the limited lithe operating agreement of the limited lithe operating agreement of the limited lithe limited lither limited lither	nge or changes are made e registered agent will t y confirmed that the ch iability company or as c he limited liability com	e, the Florida street a be identical. Or, in the ange(s) was/were au otherwise provided in pany.	address of the re	mictored office	e ote of or
Thurman	6 Kingsley				
(Printed or typed name of signee)	, , , , , , ,	, ,		10.1	
I hereby accept the appoints comply with the provisions o and I am familiar with and a Chapter 508, F.S. Or, if this address I hereby confirm the	nent as registered agen f all statutes relative to ccept the obligations o document is being file at the limited liability c	t and agree to act in the proper and com f my position as regi d to merely reflect a ompany has been no	this capacity, plete performan stered agent as change in the ratified in writing	l further agree ice of my duti provided for i egistered offic g of this chang	e to es, in ce ge.
(Signature of Registered Agent)	xĒ	_			

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

INHS18(10/99)

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**FILING FEE: \$25.00**