L03000051235

(Requestor's Name)					
3-D PLUMBING CO. I, LLC 1130 BELMONT CIR TAVARES FL 32778					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Marie)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
· ·					
L03-51239					

Office Use Only



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08/09/04--01040--004 **25.00

04 NGS-9 Pil 3: 17

STATEMENT OF CHANGE OF REGISTERED OFFICE 9R 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 limite	d liability compan	y is:3-D_E	LUMBING CO. I,	LLC
2. The mailing address of	f the limited liabili	ty company is:	1130 BELMONT	CIR
TAVARES FL 32778				
12/9/2003			L030000512	35
3. Date of filing/registration in Florida		-	4. Document number	
5. The name of the registe Florida Department of		registered offic	e address as shown	on the records of the
1	Richard L	Weis		
		Name		-
	26606 W C			_
		Address		
	Tavares F	1 32778		_
	·	City, State and 2	Zıp	
6. The name and address of	of the new register	ed agent and/or	office:	
	Richard	L Weis		_
		Name		
		lmont Cir		
	Florida street ad	dress (P.O. Box	NOT acceptable)	
	Tavares	FL	32778	
	Ci	ty, State and Zi	p	
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement o	nange or changes a the registered ager by confirmed that d liability company	re made, the Floot that will be identi the change(s) y or as otherwis	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote of
(Signature of a member or authori	zed representative of a n	nember)	-	<u>=</u> ಭ 🦚
Richard L Weis				<u>မှ</u> ္က
(Printed or typed name of signee)			-	\exists
I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	/ / .	ed agent and ag ative to the pro ations of my pos ing filed to mer bility company	rree to act in this co per and complete p ition as registered ely reflect a chang has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00