403000051845

·					
(Requestor's Name)					
D BACON 8600 OLIVERA NAVARRE FL					
32566					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Office Use Only					

OH FEB - 2 PM 1: 13

SECONDARY OF STATE
TALLAHASSEE, FLORIDA

400027908364

02/02/04--01091--004 **25.00

AL

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of liability company submits the agent, or both, in the State of I	f sections 608.416 following stateme Florida.	or 608.50 nt in order	8, Florida Statutes, to change its register	he undersigned limited red office ob regispred: 13	
1. The name of the limited lia	bility company is:	D & D Til	e and Stone LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. The mailing address of the		1901 Coral Island Rd.			
Pensacola, Florida 32506					
12/10/2003			L03000051845		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registered a Florida Department of State		tered office	address as shown on t	he records of the	
•	Douglas B	Bacon			
Name 8600 Olivera St.					
	Address Navarre, Florida 32566 City, State and Zip				
	City,	State and Z	ıp		
6. The name and address of the	e new registered ag	gent and/or	office:		
	David Pires				
	Name 1901 Coral Island Rd.				
Florida street address (P.O. Box NOT acceptable)					
Pensacola, _{FL} 32506					
	City, St	tate and Zip)		
If the limited liability company confirmed that after the change and the business office of the r liability company, it is hereby the members of the limited liability the operating agreement of the	e or changes are ma registered agent will confirmed that the bility company or a	ade, the Flo ll be identic change(s) v is otherwise	rida street address of tal. Or, in the case of a vas/were authorized b	he registered office a Florida limited v an affirmative vote of	
1 Jano					
(Signature of a member or authorized re	presentative of a member	r)			
David Pires					
(Printed or typed name of signee)					
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S. Or, if this a address, I hereby confilm that	ent as registered ag all statutes relative cept the obligations locument is being f the limited liability	gent and agi to the prop s of my posi iled to mere y company	ree to act in this capa per and complete perfo tion as registered age ely reflect a change in has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	

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

INHS18(10/99) FILING FEE: \$25.00

(Signature of Registered Agent)