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SECRETARY OF STATE

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COVER LETTER

Division of Corporations		
SUBJECT: PHOENIX DRYWALL, LL	C of Limited Liability Company)	
(Name C	in Linnieu Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
	•	
Please return all correspondence concerni-	ng this matter to the following:	
DEBRA R BEARDEN	2006 SEP 15. AM 10: 56 SECRETARY OF STATE TALLAHASSEE. FLORID	
(Name of Person)		
	PAT -	
PHOENIX DRYWALL, LLC	ASSEE	
(Firm/Company)	FLS	
12796 GETTYSBURG CIRCLE		
(Address)		
ORLANDO, FL 32837		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
<u> </u>	•	
DEBRA R BEARDEN	at (205) 281-6343	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the follow	ving amount:	
☑ \$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 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 S	tate of Florida.				
1. The name of the lin	nited liability company is:	PHOENIX DRYWALL, LLC	·		
2. The mailing addres	s of the limited liability co	ompany is: 12796 GETTYSBUR	G CIRCLE .		
ORLANDO, FL 32837					
JANUARY 28,2004		L04000007341			
3. Date of filing/registration in Florida		4. Document nun	4. Document number		
5. The name of the reg Florida Department	istered agent and the regis of State:	stered office address as shown of	on the records of the		
•	PAUL A BEARDEN		ZOO6		
	MIMS, FL 32754	Name 'HE SUN BLVD Address State and Zip	SEP 15 AHASS		
6. The name and address of the new registered agent and/or office:		AM IO: 56 OF STATE			
PAUL A BEARDEN		56 56			
		Name 3 CIRCLE			
	Florida street address	s (P.O. Box NOT acceptable)			
	ORLANDO	FL 32837			
	City, S	tate and Zip	 		
confirmed that after the and the business office liability company, it is of the members of the or the operating agreen	e change or changes are m of the registered agent wi hereby confirmed that the	under the laws of the State of Flade, the Florida street address ill be identical. Or, in the case change(s) was/were authorized or as otherwise provided in the company.	of the registered office of a Florida limited d by an affirmative vote		
DEBRA R BEARDEN					
(Printed or typed name of sign	nee)				
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi	ions of all statutes relative and accept the obligation if this document is being f irm that the limited liabilit	gent and agree to act in this ca e to the proper and complete pe s of my position as registered a filed to merely reflect a change by company has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.		
(Signature of Registered Ager	Disord				

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