17850000101

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Ci	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

G. MCLEOD

AUG 18 2010

EXAMINER



900184071569

08/16/10--01015--003 **25.00

SEUNCINEY OF STREET ALLAHA SHEEF, FLORED

10 AUG 16 AH 2:51



COVER LETTER

TO: Registration Section Division of Corporations	•	
	ACTORS OF FLORIDA, LLC	
Name of Lin	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Robert Keith Robinson, Esq.	en mangaran	
Name of Person		
Registered Agent,		
Nelson Hesse, LLP		
Firm/Company		
2070 Ringling Boulevard		
Address		
Sarasota, FL 34237		
City/State and Zip Code		
rrobinson@nelsonhesse.com		
E-mail address: (to be used for future annual report notific	ration)	
For further information concerning this matter, p	lease call:	
Robert Keith Robinson at	(941) 366-7550	
Name of Person	Area Code & Daytime Telephone Number	
CTRETTICOURIES - DEPRO	MAN INC ADDDDGG	
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	

\$55 Filing Fee & Certified Copy

X \$25 Filing Fee

Tallahassee, Florida 32301

Enclosed is a check for the following amount:

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.

1. Name of the limited liability company: <u>WATERPROOF</u>	ING CONTRACTORS OF FLORIDA, LLC
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
O1/22/2004 3. Date of filing/registration in Florida 4	L0400007877 Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Robert Keith Robinson, Esq.
Registered Office Address:	2750 Ringling Blvd., Suite 3
	Sarasota, FL 34237 -6300
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2070 Ringling Boulevard
	Sarasota .FL 34237
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworth operating agreement of the limited liability company. Signature of a member or authorized representative of a member Robert Keith Robinson	orida street address of the registered office cal. Or, in the case of a Florida-limite was/were authorized by an affirmative vote vise provided in the articles of organization
Printed or typed name of signee	50
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer adaress I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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