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(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	
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SECRETARY OF STATE,
ALLAHASSEE, FI OBJE.

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: PREMIER BUILDE (Name of Limite	R5 しと d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
MICHAEL H. STUTEVOSS (Name of Person)  PREMIER BUILDERS LLC (Firm/Company)  571 CROTON LN (Address)	FILED  2001 NOV -2 P 1: 32  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
BIG PINE KEY FL 3304 (City/State and Zip Code)	3	
For further information concerning this matter, ple	ase call:	
KIMBERLY GRAY at ( (Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	ount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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

Fursuant 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 limited liability company is: PREMIER BULDERS LLC
2. The mailing address of the limited liability company is :
571 CROTON LN BIG PINE KEY FL 33043
2/3/04 L0400000 9184
3. Date of filing/registration in Florida  LO400009184 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
MICHAEL H. STUTEVOSS Name
BIG PINE KEY, FL 33043 City, State and Zip
6. The name and address of the new registered agent and/or office:
MICHAEL H. STUTEVOSS ALLAR NOV.
571 CROTON LN ASSET
Florida street address (P.O. Box NOT acceptable)
BIG TINE KEY FL 33043 55 -
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member of authorized representative of a member)
MICHAEL STUTE VOSS (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18 (8/05)