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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Axiom Construction Grou		
(Name o	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Gary B. Leuchtman		
(Name of Person)		
Beggs and Lane		
(Firm/Company)		
501 Commendencia Street		
(Address)		
Pensacola, Florida 32502		
(City/State and Zip Code)		
For further information concerning this m	natter, please call:	
Gary B. Leuchtman	at ( 850) 432-2451	
(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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follow	wing 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.

•				
1. The name of the limited liab	bility company is: Axiom	Construction Group, L.L.C.	<u> </u>	
2. The mailing address of the l	limited liability company	is:		
101-A Business Centre Drive, De	estin, Florida 32550		•	
2/27/2004		L04000016020		
3. Date of filing/registration in	ı Florida	4. Document numb	er	
5. The name of the registered a Florida Department of State		ffice address as shown on	the records of the	
riei	Name		and the second s	
101	* 1	2		
101-A Business Centre Drive  Address   E				
Des	stin, Florida 32550	3	FC 6	
<u>503</u>	Destin, Florida 32550 City, State and Zip			
C The name and address of the	a marri magistanad agant an	· ·	29	
6. The name and address of the	a new registered agent and	Doi office.		
Gan	y B. Leuchtman		is a m	
<del></del>	Name			
501	Commendencia Street		33	
Flo	orida street address (P.O. l	Box NOT acceptable)		
Pen	sacola FL	32502		
<del></del>	City, State and	d Zip		
If the limited liability company confirmed that after the change and the business office of the r liability company, it is hereby of the members of the limited or the operating agreement of	e or changes are made, the registered agent will be id confirmed that the change liability company or as of the limited liability company	e Florida street address of entical. Or, in the case of e(s) was/were authorized therwise provided in the a	the registered office	
(Signature of a member or authorized re	epresentative of a member)			
ntecesson &	Rome			
(Printed or typed name of signee)	GHACK	<u> </u>	•	
I hereby accept the appointme comply with the provisions off and I am food, I be a feel Chapter 508, F.S. Of it this a address I hereby confirm that	ent as registered agent an all statules relative to the all statules relative to the fept the obligations of my locument is being filed to the limited liability comp	d agree to act in this capt proper and complete per position as registered ag merely reflect a change i any has been notified in v	icity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.	
(Signature of Registered Agent)				
Division of	Corporations, P.O. Box	6327, Tallahassee, FL	52314	

FILING FEE: \$25.00