104000023665

| (Reques | tor's Name) | <u>_</u> | | |
|-----------------------------------------|-----------------|----------|--|--|
| (Addres | s) | | | |
| (Addres | s) | | | |
| (City/Sta | ite/Zip/Phone # |) | | |
| PICK-UP | WAIT | MAIL | | |
| (Busine: | ss Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

G. MCLEOD

DEC - 7 2009

EXAMINER



100163081721

12/04/09--01025--014 **25.00

09 DEC -4 AM.II: 29

SECRETARY OF STATE OF STATE OF CURPORATION

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------|-----------|--------------------------------------|--|
| SUBJECT: TEAMWORK STRUCTURES, LLC Name of Limited Liability Company | | | | | |
| | Name of 1 | Diffited Di | aon | nty Company | |
| Dear S | Sir or Madam: | | | | |
| The en | nclosed Registered Agent/Registered (| Office Cha | nge | and fee(s) are submitted for filing. | |
| Please | return all correspondence concerning | this matte | r to | the following: | |
| | | | | | |
| | Dianne Ward | | | _ | |
| | Name of Person | | | | |
| | WELBRO Building Corporati | on | | _ | |
| | Firm/Company | | | | |
| | 2204 Maitland Conton Bodyway Cr | .#^ #2E0 | | | |
| | 2301 Maitland Center Parkway, Su Address | JILE #250 | | _ | |
| | | | | , . | |
| | Maitland, FL 32751 | | | | |
| | City/State and Zip Code | | | | |
| • | | | | | |
| E- | dward@welbro.com mail address: (to be used for future annual report i | notification) | | _ | |
| For fu | rther information concerning this mat | ter, please | call | : | |
| | Dianne Ward | at (4 | 07 |) 475-0800 | |
| | Name of Person | _ at (| <u> </u> | Area Code & Daytime Telephone Number | |
| | STREET/COURIER ADDRESS: | | MA | AILING ADDRESS: | |
| | Registration Section | | | gistration Section | |
| | Division of Corporations | | | rision of Corporations | |
| | Clifton Building | | | D. Box 6327 | |
| | 2661 Executive Center Circle | | Tal | lahassee, Florida 32314 | |
| | Tallahassee, Florida 32301 | | | | |
| | Enclosed is a check for the following | ng amoun | t: | | |
| | \$25 Filing Fee | 厂 |] \$5 | 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. Name of the limited liability company:T | EAMWORK STRUCTUR | RES, LLC | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--|--|
| 2. (a) Principal office address of limited liability com | pany: 2301 Maitland | d Center Parkway | | | |
| (Note: MUST BE STREET ADDRESS) | Suite #250 Maitland, Florida 327 | 51 | | | |
| (b) Mailing address of limited liability company: | 2301 Maitland (| 2301 Maitland Center Parkway | | | |
| (Note: MAY BE POST OFFICE BOX) | Suite #250 Maitland, Florida 3275 | 51 | | | |
| 03/29/2004 | L0400002 | 3665 | | | |
| 3. Date of filing/registration in Florida | 4. Document number | • | | | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| Registered Agent: | A.G.C. Co. | | | | |
| Registered Office Address: | 200 S. Orange Avenue Orlando, Florida 3280 | e, Suite 2300 K | | | |
| (b) Enter name of NEW Registered Agent and/or J | NEW Registered Office addi | ress: A | | | |
| NEW Registered Agent: | Steven S. Davis | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | 2301 Maitland Center Parkway, #250 | | | |
| | Maitland | ,FL_ <u>32751</u> | | | |
| If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. | he Florida street address of the | registered office | | | |
| Signature of a member or futhorized representative of a member | | | | | |
| Printed or typed name of signee | - | | | | |
| I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp | nd agree to act in this capacity proper and complete perform position as registered agent of merely reflect a change in the pany has been notified in writi | e. I further agree to ance of my duties, as provided for in a registered office ng of this change. | | | |

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