L04000042553

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

OCT 2 9 2010

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT:	S & J Ltd. Co
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	istered Office Change and fee(s) are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Scott J. Wali	in
Name of Person	
S & J Ltd. Co	D
1732 Winfield Roa	d South
Clearwater, FL 3 City/State and Zip Co	
fenvironmentalcare@tan E-mail address: (to be used for future ann	npabay.rr.com ual report notification)
For further information concerning	this matter, please call:
Scott Walin	at (727) 459-2569
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the	following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

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:	S & J Ltd. Co.
2. (a) Principal office address of limited liability company	: 1732 Winfield Road South
(Note: MUST BE STREET ADDRESS)	Clearwater, Fl. 33756
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
06/02/2004	L04000042553
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	Pyles, Robert W.
Registered Office Address:	C/O McCumber, Daniels, Buntz, Hartig 4830 West Kennedy Blvd. Suite 300 Tampa, FL 33609/2010
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	W Registered Office address:
NEW Registered Agent:	Scott J. Walin
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1732 Winfield Road South
	Clearwater ,FL33756
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	was/were authorized by an attirmative vere wise provided in the articles of organization.
Scott J. Walin	
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. Signature of Registered Agent	gree to act in this capacity. I furthem erected been and complete performance of multition sition as registered agent as provided for the rely reflect a change in the registered office whas been notified in writing of this change.

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