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## **COVER LETTER**

Division of Corporations			
SUBJECT: Southern Cross Dr (Name of Limited L	Jwall LLC Liability Company)	<del></del>	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted	for filing.	
Please return all correspondence concerning this matt	ter to the following:		
Connie R Henley (Name of Person)  Southern Cross Drywall (Firm/Company)	LLC		
100 Robinson Lane Seville, FL 32190 (City/State and Zip Code)		ZUOS OCI 24 A IO: SECRETARY CE STA TALLAHACSEE. TECK	
For further information concerning this matter, please	e call:	2 2	
Connie R Henley at 9 (Name of Person)	04 588-6129 (Area Code & Daytime	Felephone Nun	nber)
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 amou	nt:		
\$25 Filing Fee [	\$55 Filing Fee & Certified	Сору	

## SOUTHERN CROSS DRYWALL, LLC.

BUSINESS ADDRESS: 13149 COLE COURT JACKSONVILLE, FL 32218 (904) 741-3921 (904) 588-6114 MAILING ADDRESS: 100 ROBINSON LANE SEVILLE, FL 32190 (386) 749-9639 (396) 749-9657 - FAX

Tuesday, October 18, 2005

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir/Madam:

> MAILING ADDRESS: SOUTHERN CROSS DRYWALL LLC 100 ROBINSON LANE SEVILLE, FL 32190

The Registered Agent's Address has also changed, and the required forms for these changes are also attached.

Thank you for your assistance in regard to this matter.

Sincerely,

Connie R. Henley

Southern Cross Drywall, LLC

CRH/crh Enclosures:2 C. .

## 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 liability company is: 2. The mailing address of the limited liability company is: 3. Date of filing/registration in Florida 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: Name Address City, State and Zip 6. The name and address of the new registered agent and/or office: Name Kobinson Florida street address (P.O. Box NOT acceptable) If the limited liability company is not organized under the laws of the State of Florida, it is Bereby 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 or authorized representative of a member) 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 auties, 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, I hereby confirm that the limited liability company has been notified in writing of this change.

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