1040000 69262

(Requestor's Name)	
(toquoter o traine)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	j L
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



700060102617

10/03/05--01032--026 **25.00

95 OCT -3 PN 12: 04

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FIRST REACT CONTROL (Name of L	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Paul Lenkins (Name of Person)	SECONTAIL DO
FIRST REACT CONTRACTING (Firm/Company)	STAT ORIUM
2030 OCD DIXIE Hery - S	S.E. Suite#2
Veno Beach, FL. 32962 (City/State and Zip Code)	
For further information concerning this matter	er, please call:
Paul Lenkins	at (772) 579-6292
(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	ng 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 liability company is: First	- React Contracting C.L.C.
2. The mailing address of the limited liability company is	: 2030 alb Dikire Hery
S.E. Suite #2	
5-p7ember 22 - 2004 3. Date of filing/registration in Florida	104000069262
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State: Paul Lankins Name Yule The Address Felge Carree : Felge	
Name	
Yule The	u
Address	
Edge CATER : FL. City, State and	
••	•
6. The name and address of the new registered agent and/o	r office:
PAUL Jenkins Name 7030 OLD Dixore Hu	05 OCT
Name	C C 7.4-
COSO OCD DIDOR ALL	4 S.E. Saire = 2 43 W
Florida street address (P.O. Bo	x NOT acceptable)
Veno Reach FT.	32962 SS N
Veno Beach FL City, State and Z	32962 PHO PER PROPERTY OF THE
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 identiability 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 (Sinature of a member)	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote trwise provided in the articles of organization

Paul Lenkins
(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 Residered Agent)