04000085278

**25.00

Devin Newman (Requestor's Name) All Florida Firm, Inc (Address), (Address) (Address) (Address) (Address) (Address)	600091818546
(City/State/Zjo/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	03/14/0701011007 **25
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision is a submit of the submit of the submit of the state of t	ons of sections 608.41 is the following staten te of Florida.	l6 or 6 ient in	08.508, Florida Statute order to change its reg	is, the unistered o	ndersig office of	ned li r regis	mited stered
1. The name of the limite	ed liability company is	s: ALKS	SNIS CONSTRUCTION LLC				
2. The mailing address o	of the limited liability of	compan	ıv is : P.O. BOX 531603				
ST. PETERSBURG FL 337	•	•	•				
11/23/2004	Carrie Fila 11		L04000085278	1			
3. Date of filing/registrat	tion in Florida		4. Document nu	mber			
5. The name of the registe Florida Department of		istered	office address as shown	on the re	ecords (of the	
	ROBERT ALKSNI			_			
	7218 GREVILLA AV	Nam ENLIE					
	7210 OILVILLA AV	Addre		_			
	SOUTH PASADENA						
	City	, State	and Zip	_		ò	
6. The name and address	of the new registered	agent a	nd/or office:		SECA	07 MAR	
	ALL FORIDA FIRM	INC.		_	AS A		<u> </u>
	405.03/01/10/4 43/	Name	•			770	
	465 S VOLUSIA AV				근 연 연		O
	Florida street addre	ss (P.O	. Box NOT acceptable)		OF STATE	14 AM 10: 17	
	ORANGE CITY	FL	32763		`≱''' -	7	
	City,	State a	nd Zip				
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes are after the registered agent wereby confirmed that the nited liability companion of the limited liability.	made, t vill be i ne chan y or as ty com	he Florida street address dentical. Or, in the case ge(s) was/were authorize otherwise provided in the	of the re of a Flo ed by an	egistere rida lin affirma	d officient nited ntive v	ote
(Printed or typed name of signee) I hereby accept the appoint	ewman		 and agree to act in this c	anacity.	I furthe	er agr	ee to
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	ns of all statules relation accept the obligation this document is being that the limited liabil	ve to the ns of me filed to ity com	e proper and complete py position as registered of merely reflect a chang pany has been notified i	performa agent as e in the r n writing	nce of i provid egister g of this	ny dui ed for ed offi chan	ies, in ice ge.

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