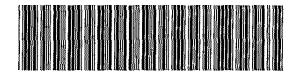
105000001767

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone #)	
PICK-UP	∏ WAП	MAIL MAIL
(Busi	iness Entity Name)	
(Doc	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	(\$

Office Use Only



800109602788

09/24/07--01014--007 **55.00

THE START COLUMN TO SERVICE OF THE S

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: OUTHOUSE PLUM! (Name of)	BING LLC 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:			
TERRY F. BAILEY (Name of Person)				
OUTHOUSE PLUMBING LLC (Firm/Company)				
965 11th Ave., S				
(Address)				
Jacksonville Beach, FL 32250				
(City/State and Zip Code)				
For further information concerning this mat	ter, please call:			
Michael L. Harvey	at (904) 242-8715			
(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 limit	ed liability company is:	OUTHOUSE	PLUMBING LL	c			,
2. The mailing address of			"		ille Beacl	h. Fl. 32	2250
2. The maning address c	and minica hadmity of	ompany is .	,	+=:		,,	
			<u> </u>			- :	: .
January 3, 2005		, 	L050000017	67	**		.
3. Date of filing/registra	tion in Florida		4. Documen	it number	<u>_</u>		
5. The name of the regist Florida Department of		stered office	address as she	own on the i	records o	of the	
•	Robert Kellow		س Seegi				
		Name					
	910 11th Ave. S			<u></u>	- -	\approx	
		Address				=======================================	- · ·
	Jacksonville Beach,	FL 32250 State and Z	<u></u>	 · ·	100		I
	• ′		•		السياسية المالية الاس	5	مستندر مستندر ط
6. The name and address	of the new registered a	gent and/or	office:			4-	
	Terry F. Bailey		-			2197 SEP 24 PM 12: 08	3.5
		Name	·			$\vec{\Sigma}$	£4.50
	965 11th Ave., S		-		. 32	80	
	Florida street addres	s (P.O. Box	NOT accepta	ble)	` ` . *		
	Jacksonville Beach	FI. 3225	50				
	City, S	State and Zir)		_		-
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the litor the operating agreeme	change or changes are not the registered agent we be reby confirmed that the mited liability company not of the limited liability.	nade, the Flo ill be identic e change(s) v or as otherv y company.	rida street add	dress of the it case of a Fl	registere orida lin	d office nited	
, organishe of a themoer of author							
(Printed or typed name of signee	E. Kello	w·	- 2-		** :		ś
, , , , , , , , , , , , , , , , , , ,	•				1 C1		
I hereby accept the appo comply with the provision and Lam familiar with an Chapter 608, F.S. Or, if address, I hereby confirn	mininen as registered a ns of all statutes relativ ad accept the obligation this document is being what the limited liabili	geni una ag e to the prop is of my posi filed to mere ty company	ree to act in the per and compl ition as registe ely reflect a ch has been notif	us capacity. ete perform red agent a jange in the led in writin	i jurine ance of n s provide registering of this	r agree ny dutie ed for it ed office change	: 10 !\$, !1 e e.

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

(Signature of Registered Age a)