## LD50000111091

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

Division of Corporations	
SUBJECT: Axis Construction Servi	ces, LLC
(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:
Susan Ricci	•
(Name of Person)	
Semanoff Ormsby Greenberg & Torch (Firm/Company)	ia, LLC
2617 Huntingdon Pike	
(Address)	
Huntingdon Valley, PA 19006	
(City/State and Zip Code)	<del></del>
For further information concerning this matter	er, please call:
Susan Ricci	at ( 215 ) 887-0200
(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:
	\$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.

<i>3</i> . , ,	•		
1. The name of the limited liability of	company is: Axis Construction Services, LL	<u>.c                                     </u>	
2. The mailing address of the limited	d liability company is : 730 East Elm Stre	et, Suite 300,	
Conshohocken, PA 19428			
February 3, 2005	L05000011691		
3. Date of filing/registration in Flori		4. Document number	
5. The name of the registered agent a Florida Department of State:	and the registered office address as shown of	on the records of the	
•	D. Goebel		
	Name		
19985 Wilkinson Leas Road		72. S. 21.	
Address CC S Tequesta, FL 33469			
Tequest	City, State and Zip	2007 JUN 12 SECRETAR TALLAHASS	
6. The name and address of the new	registered agent and/or office:	المقطا يحرثنا	
(Fe cal	d Tisdall	En P	
0, 5	Name ()	2: 34 STATE LORID	
9617	Sugar Kines Lant.	DE I	
Florida s	treet address (P.O. Box NOT acceptable)		
Davie	_ FL 33328		
	City, State and Zip		
confirmed that after the change or chand the business office of the registe	t organized under the laws of the State of Flanges are made, the Florida street address are dependent will be identical. Or, in the case med that the change(s) was/were authorized the company or as otherwise provided in the nated liability company.	of the registered office of a Florida limited	
William Bostic, Member/Mana (Printed or typed name of signee)			
Yould Tipfell	registered agent and agree to act in this ca tutes relative to the proper and complete pe se obligations of my position as registered a ent is being filed to merely reflect a change mited liability company has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)  Division of Corpo	orations, P.O. Box 6327, Tallahassee, FL	32314	
- Division of Corp.	vinitono, i «O« DOR ODE/, I anamasee, I'D	U=U17	

**FILING FEE: \$25.00** 

INHS18 (8/05)