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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| (Ad | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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SECRETARY OF STATE

T. CLINE MAY - 7 2009

EXAMINER

No \$

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---|
| SUBJECT: TK Pump and Irrigation (Name | LLC of Limited Liability Company) | Ħ |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning | g this matter to the following: | |
| TONY C KIRILLAND | 2 | |
| TIL PUMP & TRRIGATION (Firm/Company) | ZOO TAI | |
| 93 ISLES OF ST, THOM (Address) | PH 2: 4 | C |
| NAPLES, FL 34114 (City/State and Zip Code) | DE C | • |
| (City/State and Zip Code) | | |
| For further information concerning this mat | tter, please call: | |
| TUNY KIRILLAMO | at (239) 404-2648 | |
| (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 followi | ing 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. Name of the limited liability company: | IMP & JARIGAT | TON UC | - |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------|
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | any: 93 ISLES 01 NAPLES, FL | STI THOMAS 34114 | - - |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 93 ISLES 01 NAPLES, FL | F ST. THOMAS 34114 | , , |
| APRIL 06 2005 3. Date of filing/registration in Florida | LØSØØØ 4. Document number | \$4\$9\$6 | |
| 5. (a) Registered Agent and Registered Office shown o | on the records of the Florid | a Dept. of State: | |
| Registered Agent: | TIZ PURUA JIT | IRLIGAT BN | WC |
| Registered Office Address: | 93 ISCES OF | 34119 E | · *** |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> | | ARY OF STA | LEO. |
| NEW Registered Agent: | All Florida Firm Inc. | RATE OF | |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 813 DELTONA BLVD, S | TEA | , |
| • | DELTONA | ■ ,FL <u>32725</u> | • |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) | reet address of the registere e case of a Florida limited | ed office and the busin liability company, it is | iess ' |
| • | | | |
| (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect confirm that the limited ligbility company has been notifi | d agree to act in this capac proper and complete perfo on as registered agent as a change in the registered ied in writing of this chang | city. I further agree to ormance of my duties, o provided for in Chapte office address, I herel ge: | and I r 608, by |

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

(Signature of Registered Agent)