L050000 45234

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
-		
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		3/14
	Office Use Only	The state of the s



100067579581

श्रामक्षा विकास । अस्ति व

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Builder Developer Services, LLC (Name of Limite	d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Bradford J. Nutting, Managing Member		
(Name of Person)		
Builder Developer Services, LLC (Firm/Company)		
P.O. Box 320071		
(Address)		
Cocoa Beach, FL 32932-0071		
(City/State and Zip Code)		
For further information concerning this matter, ple	ase call:	
Bradford J. Nutting, Managing Member at 🤇		
(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 amo	ount:	
\$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.

ugeni, or boin, in the State	e of Pioriau.		
1. The name of the limite	ed liability company is: Builder Developer Services, L	rc .	
2. The mailing address of	f the limited liability company is: P.O. Box 32007	<u>1</u>	
Cocoa Beach, FL 32932-00	071		
May 6th, 2005	L0500004523	4	
3. Date of filing/registration in Florida 4. Document number		number	
5. The name of the register Florida Department of S		wn on the records of the	
	Monique L. de Graw		
Name			
225 N. Atlantic Ave., Suite # 301			
Address		<u>~</u>	
Cocoa Beach, FL 32931		<u>ت</u> معنور	
	City, State and Zip		
6. The name and address of	of the new registered agent and/or office:	· · · · · · · · · · · · · · · · · · ·	
	Bradford J. Nutting		
	Name 850 N. Atlantic Ave., D-204		
	Florida street address (P.O. Box NOT acceptab	- ie)	
	Cocoa Beach FL 32931		
	City, State and Zip		
confirmed that after the chand the business office of liability company, it is he of the members of the line	npany is not organized under the laws of the State hange or changes are made, the Florida street addithe registered agent will be identical. Or, in the creby confirmed that the change(s) was/were authorited liability company or as otherwise provided intention the limited liability company.	ress of the registered office case of a Florida limited crized by an affirmative vote	

authorized representative of a member) (Signature of a

Bradford J. Nutting, Managing Member

(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 Registered Agent)

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