105000062483

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COVER LETTER

INHS18 (8/05)

TO: Registration Section Division of Corporations		
SUBJECT: Fairway Construction L.L.C (Name of I	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:	
Brett Beatty		
(Name of Person)		
Fairway Construction L.L.C.		
(Firm/Company)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4830 Zion Dr.		
(Address)		
Saint Cloud, Fl 34772		
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
Brett Beatty	at (407) 575-4001	
(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:	
S25 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 limite	ed liability company is: Fairway	Construction L.L.C.		
2. The mailing address of	f the limited liability company is	s : 4830 Zion Dr.,		
Saint Cloud, FI 34772				
June 20, 2005		L05000062483		
3. Date of filing/registrat	ion in Florida	4. Document number		
5. The name of the register Florida Department of	ered agent and the registered off State:	fice address as shown on the records of the		
	Brett Beatty			
	Name			
4316 Summit Creek Blvd. Apt 3205				
Address ZE 6				
Orlando, FI 32837				
City, State and Zip				
6. The name and address	of the new registered agent and/	or office:		
	Brett Beatty	T. I		
	Name 4830 Zion Dr.	E. FLORID		
	Florida street address (P.O. B	ox NOT acceptable)		
	Saint Cloud, FL 3	4772		
	City, State and	Zip		
confirmed that after the cl and the business office of liability company, it is her of the members of the lin	hange or changes are made, the the registered agent will be iden reby confirmed that the change(e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization ny.		
Butt A Beat	<u> </u>			
(Signature of a thember or author	ized representative of a member)			
(Printed or typed name of signee)				
		agree to act in this capacity. I further agree to proper and complete performance of my duties, provided for in agree to present a change in the registered office my has been notified in writing of this change.		
Commence or recknown where		**		

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