## L0500001dH19

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
JUN - 6 2008			

**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: CONSTRUCTION CONSULTANTS GROUP LLC (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
DARRELL THOMAS			
(Name of Person)			
CONSTRUCTION CONSULTANTS GROUP LLC			
(Firm/Company)	Transcolor transported		
65 WESTCHESTER LANE	ARE NEIGH		
(Address)	<del></del>		
PALM COAST, FLORIDA 32164			
(City/State and Zip Code)			
	· •.		
For further information concerning this matter, p	please call:		
••			
DARRELL THOMAS at	(_386) 931-8153		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following an	mount:		
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHS18 (5/08)	•		

## 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: <b>CONSTRU</b>	JCTION CONSULTANTS GROUP LLC _
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	65 WESTCHESTER LANE PALM COAST, FLORIDA 32164
JULY 6, 2005	L05000066479
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	DARRELL THOMAS
Registered Office Address:	1800 OLD MOODY BLVD STE 913 BUNNELL, FLORIDA 32110
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
<u><b>NEW</b></u> Registered Agent:	ANGELA K. THOMAS 10%
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1800 OLD MOODY BLVD STE 913 BUNNELL, FLORIDA 32110 ,FL
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.	case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	<del></del>
ANGELA K. THOMAS (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 am familiar with and accept the obligations of my position of this document is being filed to merely reflect confirm that the limited liability company has been notife (Signature of Registered Agent)	on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby lied in writing of this change.
Division of Corporations, P.O. B	ox 6327, Tallahassee, FL 32314
INHS18 (05/08)	CE: \$25.00  CF STATE  OF S