## L05000064527

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Charles Teeter Installations, LLC (Name of Limited Liabil	lity 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 matter to	the following:		
Charles Teeter (Name of Person)	<del></del>		
Charles Teeter Installations, LLC (Firm/Company)	_		
3330 SW 27th Ave			
(Address)			
Cape Coral, FL 33914			
(City/State and Zip Code)	<del>-</del>		
For further information concerning this matter, please call	<b>:</b>		
Charles Teeter at ( 239	) 810-3984		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Registration Section Reg Division of Corporations Div Clifton Building P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314		
Enclosed is a check for the following amount:			
✓ \$25 Filing Fee  \$5	☐ \$55 Filing Fee & Certified Copy		

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## 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 limited li	ability company is:	Charles Teeter Insta	allations, LLC	*	
2. The mailing address of the limited liability company is : 3330 SW 27th Ave Cape Coral, FL 33914					
June 30, 2005		L0500	00066527		
3. Date of filing/registration in Florida		4. Do	4. Document number		
5. The name of the registered Florida Department of Stat		tered office addres	ss as shown	on the records of the	
•	arbara Teeter				
33	30 SW 27th Ave	Name			
C	pe Coral, FL 3391	Address		TSE 9	
. <u>Ca</u>		State and Zip		Eg e	
6. The name and address of the	•	-		OCT 17 PH 12: 12 CRETARY OF STATE	
Ch	arles Teeter			四年 中門	
333	Name 3330 SW 27th Ave		STAT FLOR		
F	lorida street address	s (P.O. Box <b>NOT</b> a	acceptable)	DE L	
<u>Ca</u>	pe Coral,	FL 33914			
	City, S	tate and Zip			
If the limited liability compar confirmed that after the chan and the business office of the liability company, it is hereby of the members of the limite or the operating agreement of	ge or changes are me registered agent will y confirmed that the diability company f the limited liability	ade, the Florida sta ill be identical. Or change(s) was/we or as otherwise pro y company.	reet address; in the case ere authorize	of the registered office of a Florida limited ed by an affirmative vote	
(Signature a member or authorized	representative of a member	er)			
Charles Teeter					
(Printed or typed name of signee)					
I hereby accept the appoint to comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby souther that	nent as registered an fall statutes relative ocept the obligation document is being j at the limited Liabilit	gent and agree to de to the proper and s of my position as tiled to merely refl ty company has be	act in this co l complete p s registered d ect a change en notified i	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	

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