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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Dhix Construction (Name of )	Company LC C 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:	
FRANK Pinental (Name of Person)		
(Name of Person)		
	ය. දෙන	
Onix Construction UL (Firm/Company)	SECRETARY OF STATE ALLAHASSEE FLORIO	
(Firm/Company)	OCT -9 AHASSE	
	SSI	
2194 DILL DONT		
(Address)	1. S. 1	
· .	7 12 12 12 12 12 12 12 12 12 12 12 12 12	
Orlando 12 32834	**************************************	
(City/State and Zip Code)		
For further information concerning this matt	er, please call:	
FRANK Promoter	at (321 ) 235-5641	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	•	
Enclosed is a check for the following	ag 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.

agent, or both, in the State of Florida.	
1. The name of the limited liability company is: On'x Construction C	ompany UC
2. The mailing address of the limited liability company is: 2194 DILL DR	/
Orlgado Fi 32834	
	68045
7-13-2005  3. Date of filing/registration in Florida  4. Document num	ber
5. The name of the registered agent and the registered office address as shown o Florida Department of State:	
Name  115 S. Bulwa Drive Unit B  Address  Apopka Kz 32703  City, State and Zip	
Name	
115 S. Bulara Drive Unit B	7/00 TASI
Ann. Va Fi 72753	FER SO
City, State and Zip	THE T
6. The name and address of the new registered agent and/or office:	FILED  2006 OCT -9 AHII: 12  SECRETARY OF STATE TALLAHASSEE, FLORIDA
To a Property	
Fransico Pimentel Name	97
Name  2194 DIU DRIVE	DE 2
Florida street address (P.O. Box NOT acceptable)	
Orlando FL 32834 City, State and Zip	·
City, State and Zip	
If the limited liability company is not organized under the laws of the State of F confirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized of the members of the limited liability company or as otherwise provided in the or the operating agreement of the limited liability company.	of the registered office
(Signature of a member or authorized representative of a member)	
Fransico Pinente (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this can comply with the provisions of all statutes relative to the proper and complete pe and I am familiar with and accept the obligations of my position as registered a Chapter 608, F.S. Or, if this document is being filed to merely reflect a change address, hereby confirm that the limited liability company has been notified in (Signature of Registered Agent)	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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