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T. HAMPTON
DEC 2 0 2010
EXAMINER

COVER LETTER

- TO: Registration Section Division of Corporations		
SUBJECT: Precon Builders, LLC		
Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Thomas E. Peden		
Name of Person		
Precon Builders, LLC		
Firm/Company		
4737 N. Ocean Drive, #202	<u>. </u>	
Address		
Lauderdale by the Sea, Florida 33308	•	
City/State and Zip Code		
tpeden@preconbllc.com E-mail address: (to be used for future annual report notification))	
For firehor information concerning this motter place	م ممال	
For further information concerning this matter, pleas	e can.	
Thomas E. Peden at (954) 829-8115	
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 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amou	int:	
\$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.

1. Name of the limited liability company:	Precon Builders, LLC
2. (a) Principal office address of limited liability company	: 905 SE 1 Way, Suite A
(Note: MUST BE STREET ADDRESS)	Deerfield Beach, Florida 33441
(b) Mailing address of limited liability company:	Precon Builders, LLC
(Note: MAY BE POST OFFICE BOX)	4737 N. Ocean Drive, #202 Lauderdale by the Sea, Florida 33308
07/21/2005	L05000072042
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Jeffery Klein
Registered Office Address:	2600 N. Military Trail, Ste. 270 Boca Raton, Florida 33431
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Thomas E. Peden 905 SE 1 Way, Suite A
(MUST BE FLORIDA STREET ADDRESS)	Deerfield Beach ,FL33441
If the limited liability company is not organized under the leanning confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company) it is hereby confirmed that the change(s) of the members of the limited has hity company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Thomas E. Peden Printed or typed name of signee. I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes agent and a comply with the provisions of all statutes relative to the provisions of this document is being filed to mendedress, I hereby confirm that the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
Signature of Registered Agent	

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