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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JERNIGAN'S ELECTRIC (Name of L	C L.L.C. Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filin	g.		
Please return all correspondence concerning	this matter to the following:			
DEVIN NEWMAN		O. S		
(Name of Person)		SIGNE SIGNE		
ALL FLORIDA FIRM, INC.		19		
(Firm/Company)		모목		
465 S. VOLUSIA AVE.		SECRETARY OF STATIONS NVISION OF APR 19 PM 3:51		
(Address)				
ORANGE CITY FL 32763				
(City/State and Zip Code)				
For further information concerning this matt	ter, please call:			
DARYL A JERNIGAN	at (850) 505-0656			
(Name of Person)	(Area Code & Daytime Telephor	ie 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:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2007

DEVIN NEWMAN ALL FLORIDA FIRM, INC. 465 S. VOLUSIA AVE. ORANGE CITY, FL 32763

SUBJECT: JERNIGAN'S ELECTRIC L.L.C.

Ref. Number: L05000078377

We have received your document for JERNIGAN'S ELECTRIC L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist Letter Number: 307A00024370

DIVISION OF NPR 19 PH 3:51

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	d liability company is	s: JERNIGAN'S	ELECTRIC L.L.C		•
2. The mailing address o	f the limited liability of	company is: 6'	130 VIRWOOD F	ROAD	,
PENSACOLA FL 32504					
08/00/2005			L05000078377		
08/09/2005 3. Date of filing/registration in Florida			4. Document number		
5. Date of filling/registrat	ion in Piona	_	+. Document num	ibei	
5. The name of the register Florida Department of	ered agent and the reg State:	istered office a	ddress as shown o	on the records of t	he
•	DARYL A JERN	IIGAN			
		Name			
	6130 VIRWOOD				
	DENIGACOL A EL	Address		9	DIVIG
	PENSACOLA FL	y, State and Zip		07 APR	ISIO FOR
e emi	•	•		××	
6. The name and address	of the new registered	agent and/or of	tice:	19	1250 1250
	ALL FLORIDA FI	IRM, INC.		PH	
		Name		بَب	
	465 S. VOLUSIA	AVE		G	
	Florida street addre	ess (P.O. Box N	OT acceptable)		ั้ง
	ORANGE CITY	FL 3276	3	<u></u>	
	City,	State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author (Printed or typed name of signee)	hange or changes are the registered agent were reby confirmed that the nited liability companit of the limited liabil fixed representative of a member of the limited liability companies and the limited liability of a member like the limited liability of a member l	made, the Flori will be identica he change(s) was otherwing company.	da street address of the case as/were authorized se provided in the	of the registered of a Florida limited by an affirmative articles of organ	office ed re vote ization
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statutes relation accept the obligation to be in that the limited liabi	agent and agre ive to the prope ons of my positi of filed to merel lity company ho	ee to act in this ca r and complete pe on as registered a v reflect a change as been notified in	pacity. I further of erformance of my igent as provided in the registered writing of this cl	agree to duties, for in office iange.

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