L05000081971

(Requesto	r's Name)		
((Address)			_
(Address)			
(City/State	/Zip/Phone	#)	
PICK-UP		WAIT	MAIL	
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Certified Copies		Çertificates	of Status	_
Special Instructions	to Filing (Officer:	***************************************	
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COVER LETTER

Division of Corporations			
SUBJECT: Pro1Builders LLC	imited Lisk	oility Company)	<u></u>
(Name of L	mmea Liac	mity Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Chang	ge and fee(s) are submitted	I for filing.
-			_
Please return all correspondence concerning t	mis matter	to the following:	
Nancy Savory			
(Name of Person)			
Dun 4 Duillidaum 1.1 C			
Pro1Builders LLC (Firm/Company)			
4270 Aloma Ave. Suite 124-30A			
(Address)			
ME 4 B 51, 00700			
Winter Park, FL 32792 (City/State and Zip Code)			
For further information concerning this matte	er, please ca	all:	<u>.</u>
Nancy Savory	at (863	₎ 605-1677	
(Name of Person)	-	(Area Code & Daytime	Telephone Number)
			T)
STREET/COURIER ADDRESS:	MAILING ADDRESS:		· /-
Registration Section Division of Corporations	Registration Section Division of Corporations		24
Clifton Building	P		
2661 Executive Center Circle Tallahassee, Florida 32301	Г	'allahassee, Florida 32314	
Enclosed is a check for the followin	g amount:		
\$25 Filing Fee	_	\$55 Filing Fee & Certified	і Сору
		-	* -

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 lim	ited liability compa	ny is: Pro1Builders	LLC		
2. The mailing address	of the limited liabi	lity company is:	270 Aloma Ave. S	uite 124-30A	
Winter Park, FL 32792					
8/19/05			L05000081971		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regi- Florida Department of		e registered office	address as shown	on the records of the	
•	Steven Coulte	r			
		Name		~	
	4270 Aloma Av	e. Suite 124-30A		_	
	Minton Donk El	Address			
	Winter Park, FL	City, State and Zi	D	-	
6. The name and addres	e of the new registe		•		
o. The name and addres	s of the new legiste	rieu agent anu/or (mice.		
	Nancy Savory			_	
	4070 Alexan A	Name			
		e. Suite 124-30A	NOT appendable)	-	
	ribilua suect a	ddress (P.O. Box)	(101 acceptable)		
	Winter Park	FL 3279	2	·	
	(City, State and Zip			
and the business office liability company, it is it	change or changes of the registered ag hereby confirmed if limited liability con	are made, the Flo ent will be identic nat the change(s) value. Inpany or as otherward	rida street address al. Or, in the case vas/were authoriz	s of the registered office	
Max Dan		·			
(Signature of a member or aut	norized representative of a	a member)		1 44 E	
Nancy Savory					
(Printed or typed name of sign			-		
I hereby accept the app comply with the provist and I am familiar with Chapter 608, F.S. Or address, I hereby confi	qu-	ered agent and agi elative to the prop gations of my posi jeing filed to mere liability company l	ree to act in this c er and complete j tion as registered ly reflect a chang has been notified	capacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.	

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