## 000088786

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B. BOSTICK OCT 2 6 2011 **EXAMINER** 

## **COVER LETTER**

Division of Corporations		
	Contracting, LLC ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
JOHN T. GOSLEE  Name of Person		
GOSLEE CONTRACTING, LL Firm/Company	<u>C</u>	
264 CORDEU TR.	**************************************	11 0CT 25
Address  ROYAL AR 71968  City/State and Zip Code		
	STATE STATE	MH: 32
TACKG @ GOSLEE CONTRACTING, C. E-mail address: (to be used for future annual report notification)	oM >	10
For further information concerning this matter, p	lease call:  386 748 - 1816  Area Code & Daytime Telephone 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 an	nount:	
<b> ✓</b> \$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 riorida.	
Name of the limited liability company:	Goslee Contracting, LLC
2. (a) Principal office address of limited liability compa	any:
(Note: MUST BE STREET ADDRESS)	1215 N US HWY 17 PIERSON FL 32180203 US
	FIERSON FL 32100203 03
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	1215 N US HWY 17 PIERSON FL 32180-203 US
09/09/2005	L05000088786
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	GOSLEE, JOHN T MGR
Registered Office Address:	1215 N Us Hwy 17
	Pierson, FL 32180
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	InCorp Services, Inc.
	17888 67th Court North
(MUST BE FLORIDA STREET ADDRESS)	Loxahatchee ,FL33470
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited
Signature of a member or authorized representative of a member	
JOHN T. GOSLEE	10 10
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the land I applications of my Chapter flow, F.S. Or, if this document is being filed to a glaress, I hereby confirm that the limited liability composited to the limited liability composited to the limited liability composited to the limited liability composited the liability compos	position as registered agent as provided for in- merely reflect a change in the registered office and any has been notified in writing of this change.
on behalf of InCorp Services, Inc.	32 10 10
Division of Cornerations P.O. Box	

FILING FEE: \$25.00

INHS18 (05/08)