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SECRETARY OF STATE
ALLAHASSEE FLORIN

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ARCON CONSTRUCTION I (Name of Li	LLC imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered On	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
DIPAK SHAH	
(Name of Person)	~
ARCON CONSTRUCTION LLC	O7 JA SECRE
(Firm/Company)	AHASSE
3301 SW 13TH STREET, L210	
(Address)	PH 12: 40 OF STATE EFLORIDA
GAINESVILLE, FL 32608-3055	JA O
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
DIPAK SHAH	at ( 352 ) 271-1137
(Name of Person)	(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	g amount:
<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.

1. The name of the limited liability company is	: ARCON CONSTRUCTION LLC	
2. The mailing address of the limited liability c	ompany is : 3301 SW 13TH STR	EET, L210
	GAINESVILLE, FL 3	
09/26/2006 L05000096074		
3. Date of filing/registration in Florida 4. Document nur		ıber
5. The name of the registered agent and the registered Department of State:	stered office address as shown of	on the records of the
SHAH, SHILPA		
3301 SW 13TH STR	Name REET L210	
	Address	
GAINESVILLE FL 32		
City	, State and Zip	
6. The name and address of the new registered a	agent and/or office:	O7.
DIPAK SHAH		JAN-4 CRETARY
	Name 3301 SW 13TH STREET, L210	
Florida street addres	ss (P.O. Box NOT acceptable)	PH 12: 40 YOF STATE EE FLORID
GAINESVILLE	FL 32608-3055	STATE
City, S	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are nand the business office of the registered agent whiability company, it is hereby confirmed that the office of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability (Signature of a member or authorized representative of a member	made, the Florida street address will be identical. Or, in the case will be identical. Or, in the case we change(s) was/were authorized or as otherwise provided in the ty company.	of the registered office of a Florida limited d by an affirmative vote e articles of organization
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address. I hereby confirm that the limited liability	agent and agree to act in this ca we to the proper and complete pe ns of my position as registered a filed to merely reflect a change	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office

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

12/29/06

(Signature of Registered Agent)