L05000104047

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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SLOVETARY OF STATE
ALLAHASSEE, FLORDA

C. LEWIS

JUN 1 9 2012

EXAMINER

COVER LETTER

	egistration Section Pivision of Corporati	ons	a ^{sa}				14 ,442	
SUBJEC	CT:	Foden Construction LLC Name of Limited Liability Company						
		Name of L	///////CG	Liavii	ity Con	ipariy		
Dear Sir	or Madam:							
The encl	osed Registered Age	ent/Registered O	office C	Change	and fee	(s) are submitte	d for filing	g.
Please re	turn all corresponde	nce concerning	this ma	atter to	the foll	owing:		
	Richard	l A Foden						
	Name of						•	
	Foden Con	struction LLC						
	Firm/Co							
	2360 Hidden	Lake Court #3	:					
• · ·	Addre		·					
		Fl, 34112			_			
	City/State an	id Zip Code						
E-ma	il address: (to be used for f	uture annuai report n	otificatio	n)	_			
	er information conc	-			<u>.</u>			
			•					
	Richard A Foo	len	_ at (239	_)	594-10	00	
	Name of Person				Area Code	e & Daytime Telepho	ne Number	
9	TREET/COURIER	ADDDFSS.		МА	HING	ADDDESS.		
	egistration Section	UNIVERSO!	MAILING ADDRESS: Registration Section					
	ivision of Corporation	os	Division of Corporations					
	lifton Building	***	P.O. Box 6327					
	661 Executive Center	Circle	Tallahassee, Florida 32314					
	allahassee, Florida 32			1 411		, 1.01144 32317		
E	nclosed is a check	for the followin	g amo	unt:				

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

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 com	pany: Fode	Foden Construction LLC			
2. (a) Principal office address of lin	nited liability company:	ny: 2360 Hidden Lake Court			
(Note: MUST BE STREET		Naples, FL, 34112			
(b) Mailing address of limited lia	bility company:				
(Note: MAY BE POST OF	FICE BOX) Sam	e as above	12 J		
10/21/2005		L05000104047			
3. Date of filing/registration in Flori	da 4. Do	cument number			
5. (a) Registered Agent and Regist	ered Office shown on the rec	ords of the Florida Dept. of			
Registered Agent:	Rich	ard A Foden	2		
Registered Office Address:		2360 Hidden Lake Court #3 Naples, FL, 34112			
(b) Enter name of <u>NEW Registe</u> <u>NEW</u> Registered Agent:	- ·· ——-	istered Office address:	FILE JUN 18		
NEW Registered Office Add (MUST BE FLORIDA STR)			<u>유</u> 구 등 34112		
If the limited liability company is no confirmed that after the change or chand the business office of the registe liability company, it is hereby confir of the members of the limited liability or the operating agreement of the limited liability or the operating agreement of the limited liability or the operating agreement of the limited or typed name of signee I hereby accept the appointment as a comply with the provisions of all states and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the limited in the confirmation of the confirmation of the confirmation of the register of the chapter for the confirmation of the register of the chapter for the chapte	red agent will be identical. Of med that the change(s) was/very company or as otherwise projected liability company.	street address of the registere or, in the case of a Florida lir were authorized by an affirmation rovided in the articles of org	ed office nited ative vote anization		
Signature of Registered Agent					

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