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SECRETARY OF STAT

COVER LETTER

FILED TO: **Registration Section Division of Corporations** SUBJECT: Landtec Construction LLC (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Brett D. Divers, Esq. (Name of Person) Mills Paskert Divers P.A. (Firm/Company) 100 N. Tampa Street, Suite 2010 (Address) Tampa, FL 33602 (City/State and Zip Code) For further information concerning this matter, please call: at (813 , 229-3500, Ext. 234 Carmella DeBiasi (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

\$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.

ageni, or boin, in the blate of 1	w.				
1. The name of the limited liab	oility company is: La	andtec Construction LLC			
2. The mailing address of the li	imited liability comp	oany is : 1725 1/2 East 7th	n Avenue,	Suite 2	2
Tampa, FL 33605					
11/21/05		L05000112469			
3. Date of filing/registration in Florida 4. Do		4. Document nur	mber		
5. The name of the registered as Florida Department of State:		ed office address as shown	on the reco	rds of t	he
Jas	son P. Mize	ame	- .		
1725 1/2 East 7th Avenue, Suite 2					
Address					
Tampa, FL 33605			THE ST	AUG	
	City, Sta	ite and Zip	TAR' ASSI	٢	
6. The name and address of the new registered agent and/or office:			Y OF S	ט ס	
Brett D. Divers, Esq.		STAT LORI			
Name Om Si					
Mills Paskert Divers P.A., 100 N. Tampa St., Suite 2010					
Flor	rida street address (P	P.O. Box NOT acceptable)			
Tam	npa <u>F</u>	rL 33602			
	City, State	e and Zip			
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby	e or changes are made egistered agent will be confirmed that the ch	e, the Florida street address be identical. Or, in the case	of the regise of a Florided by an aff	stered d a limite irmativ	office ed e vote

of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, it this document is being filed to merely reflect a change in the registered office address lightly populated the limited liability company has been notified in writing of this change.