

LOS000112702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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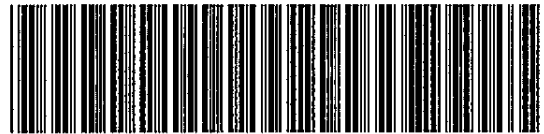
(Business Entity Name)

(Document Number)

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LOS-112702
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dawson Painting& Contracting Services, 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:

Michael P. Dawson

(Name of Person)

Dawson Painting&Contracting Services, LLC

(Firm/Company)

P.O. Box 7155

(Address)

Sebring, FL 33872

(City/State and Zip Code)

For further information concerning this matter, please call:

Leonard R. Dawson

(Name of Person)

at (317) 430-6393

(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 amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

INHS18 (8/05)

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TALLAHASSEE, FLORIDA
2006 SEP 13 PM 1:05

**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: Dawson Painting& Contracting Services, LLC
2. The mailing address of the limited liability company is : P.O. Box 7155 Sebring FL 33872

November 5, 2005

L05000112702

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Alfred R. Dawson

Name

5189 Hammock Road

Address

Zolfo Springs, FL 33890

City, State and Zip

6. The name and address of the new registered agent and/or office:

Michael P. Dawson

Name

5189 Hammock Road

Florida street address (P.O. Box NOT acceptable)

Zolfo Springs FL 33890

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative 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.

Jodi L. Levins REPRESENTATIVE
(Signature of a member or authorized representative of a member)

JODI L. LEVINS, REPRESENTATIVE

(Printed or typed name of signee)

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

SEE ATTACHED PAGE RE: REGISTERED AGENT FOR SIGNATURE
(Signature of Registered Agent) DID NOT HAVE FORMAT TIME OF SIGNING

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Michael P. Dawson

Name

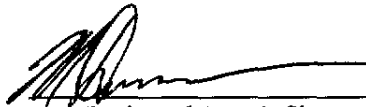
5189 Zolfo Springs Hammock Rd

Florida street address (P.O. Box **NOT** acceptable)

Zolfo Springs FL 33890

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

New
Registered
Agent

(Fee
included)

2006 FEB 13 PM 1:05
SECRET
ALABAMA