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(Danisahada Nassa)		
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(Address)		
(Address)		
(City/State/Zip/Phone #)		
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ALLYANASSEE. FLORIDA

C. LEWIS

NOV 3 2049

EXAMINER

COVER LETTER .

TO: Registration Section Division of Corporations		
SUBJECT: Brooksville	Civil Site Services, LLC	
Name of Lim	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
PC Russell		
Name of Person		
Brooksville Civil Site Services, LLC	<u>C</u>	
Firm/Company		
808 Sardis Street		
Address		
Brooksville, FL 34601		
City/State and Zip Code		
pc@bcssllc.net E-mail address: (to be used for future annual report notified)	cation)	
For further information concerning this matter,	please call:	
PC Russell at	(352) 799-1485	
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 amount:		
\$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.

	oksville Civil Site Services, LLC	
: 808 Sardis Street		
Brooksville, FL 34601		
808 Sardis Street		
Brooksville, FL 34601		
L050001156	597	
l. Document number		
ne records of the Florida De	ept. of State:	
The Hogan Law Firm		
20 South Broad Street Brooksville, FL 34601	TALLAHATA TALLAHATA	
Registered Office addres		
PC Russell	FLOR	
808 Sardis Str		
Brooksville	,FL <u>34601</u>	
was of the State of Florida, in orida street address of the recal. Or, in the case of a Flowas/were authorized by an wise provided in the articles	it is hereby egistered office orida limited affirmative vote of organization	
ree to act in this capacity. per and complete performa ition as registered agent as ely reflect a change in the r has been notified in writing	I further agree to nee of my duties, provided for in egistered office of this change.	
	Brooksville, FL 34601 808 Sardis Street Brooksville, FL 34601 L050001156 L	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00