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## **COVER LETTER**

TO: Registration Section Division of Corporations	<del>-</del> ·	
SUBJECT: HUDSON FENCE, LLC (Name of Lim	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
BOBBY HUDSON (Name of Person)		
HUDSON FENCE, LLC (Firm/Company)		
4903 25TH STREET EAST		
(Address)		
BRADENTON, FL 34203		
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
BOBBY HUDSON at	t ( 941 ) 756-3751	
(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 a	amount:	
\$25 Filing Fee	S55 Filing Fee & Certified Copy	

INHS18 (8/05)

## 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: HUDSO	ON FENCE LLC
2. The mailing address of the limited liability company is	s: 4903 25TH STREET EAST .
BRADENTON, FL 34203	
12/12/05	L05000118259
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered off Florida Department of State:  MICHELLE A. PLUM, C  Name  205-B 6TH AVENUE EAS	CPA
Address BRADENTON, FL 34208 City, State and	7AC 06
6. The name and address of the new registered agent and/	or office:
BOBBY HUDSON  Name  4903 25TH STREET EAS  Florida street address (P.O. Both Bradenton FL 34  City, State and 2	T SIAIC TO THE SIA
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability compant (Signature of a member or authorized representative of a member)	laws of the State of Florida, it is hereby Florida street address of the registered office
BOBBY HUDSON (Printed or typed game of circus)	
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provided of the provided	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.

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