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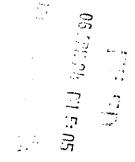
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COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: DONOUMS Building & MESTORATION LLC.  (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MATT BAILEY				
(Name of Person)  NOUNDS Building & Restoration  (Firm/Company)				
1056 Floot wood DR- (Address)				
Port Charlotte F-L 33948  (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (5/7) 799-283 Z  (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 \$\text{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.

1. The name of the limited liability company is:	novany Muildi	og And Rector	tion	110	
2. The mailing address of the limited liability compa	ny is : <u>1056 Fl</u>	ectuad Dr.	او		
Port Charlotte, FI 33948		······································			
1/13/06	406	L06000006549			
3. Date of filing/registration in Florida	4. Docume				
5. The name of the registered agent and the registered Florida Department of State:	l office address as s	hown on the reco	rds of th	e	
James Ut	<u> </u>	······································			
James Ut Nai 1056 Fleetwo Add Pord Charlo He City, State	od Drive				
Pord Carlo He	F/ 34948 e and Zip		3.50		
6. The name and address of the new registered agent		=	. ∵ . J . ∖a	- +# 1	
MATT BAYLEY Name 1056 Fleethood			<u> </u>	- 3	
/056 F/227000	D De.		ि इ. e5	127 ·	
Florida street address (P.O					
Port Charbotte FI	33949	3			
City, State	and Zip				
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street a	ddress of the regis	stered of	fice	
(Signature of a member of authorized representative of a member)					
MAT BAY (Printed or typed name of signee)					
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con (Signature of Registered Agent)	and agree to act in he proper and comi ny position as regis to merely reflect a c mpany has been not	this capacity. I fi plete performance stered agent as pr change in the regi tified in writing of	urther as of my a ovided fo istered o this chi	gree to uties, or in ffice inge.	

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