L0000025594

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Andras Construction Services (Name of Limited	, LLC Liability Company)	
(rame of Emmed	Elability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Jeffrey Andras		
(Name of Person)		
Andras Construction Services, LLC		
(Firm/Company)		
404401 1 1 1 5	•	
18449 Lake Iola Dr		
(Address)		
Dade City FL 33523		
(City/State and Zip Code)		
For further information concerning this matter, plea	ise call:	
Stephen A. Koch at (8	13) 272-1259	
(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 amo	unt:	
✓ \$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.

1. The name of the limited liability company	is: Andras Construction Services, LLC
•	company is : 18449 Lake Iola Dr Dade City FL 33523
03/10/2006	L06000025594
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Department of State:	gistered office address as shown on the records of the
Stephen A. Koo	
500 E Karana da 1	Name
500 E Kennedy I	Address
Tampa FL 33602	
	ty, State and Zip
6. The name and address of the new registered	l agent and/or office:
Stephen A. Koch	h, PA
711 C Dala Maha	Name
711 S Dale Mabr	ress (P.O. Box NOT acceptable)
Florida Street addi	ess (F.O. Box NOT acceptable)
Tampa	FL 33609
City	, State and Zip
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that	ed under the laws of the State of Florida, it is hereby e made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote ny or as otherwise provided in the articles of organization lity company.
(Signature and member or authorized representative of a me	mber)
Printed or typed name of signee)	
· · · · · · · · · · · · · · · · · · ·	d agent and agree to act in this capacity. I further agree to tive to the proper and complete promises of my duties, ions of my position as registered to the registered office illity company has been notified. It is this change.
(Signature of Registered Agent)	
	P.O. Box 6327, Tallahassee, FL 32314 C ING FEE: \$25.00
INHS18 (8/05)	