2007 LIMITED LIABILITY COMPANY

Mar 28, 2007 8:00 am **Secretary of State DOCUMENT # L06000032314** 1. Entity Name RH WELDING & FABRICATION LLC 03-14-2007 90210 029 ****50.00 Principal Place of Business Mailing Address 1190 E TRAIL 28 1190 E TRAIL 28 BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUCKABEE, ARIENE Street Address (P.O. Box Number is Not Acceptable) 1190 E TRAIL 28 **BROOKSVILLE, FL 34601** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am femiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the II applicable. (NOTE: Registered Agent algorithms required when raingstung Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR III1.F Delete IIILE ☐ Change ☐ Addition NAME HUCKABEE, RUSTY NAME STREET ADDRESS 1190 E TRAIL 28 STREET ADORESS CITY-ST-7P BROOKSVILLE, FL 34801 CITY-ST-ZIP MILE ☐ Delete TITLE ☐ Change ☐ Addition NAME HUCKABEE, ARIENE NAME 1190 E TRAIL 28 STREET ADDRESS STREET ADDRESS BROOKSVILLE, FL 34801 CITY-ST-ZP CTY-SI-7P TITLE Deteta ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-51-29 CITY-ST-ZP MLE ☐ Delete mr.£ ☐ Change ☐ Addition NAME NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP me ☐ Delete TITLE ☐ Addition KANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am is managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IIILE

MANE

STREET ADDRESS

CITY-ST-ZP

Delete

arien Nuckaba

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3/24/07 352-586-2205

Change

☐ Addition

FILED