

WL 0000 44922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

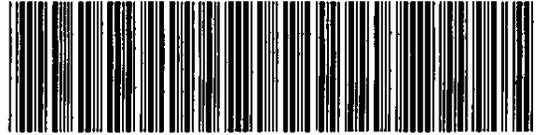
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500161750985

10/23/09--01009--011 \*\*25:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT 23 AM 11:23

FILED

T. CLINE

OCT 26 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TOTAL PROJECT MANAGEMENT, 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:

DENNIS M HARE  
Name of Person

TOTAL PROJECT MANAGEMENT, LLC  
Firm/Company

10511 OTTER CREEK DRIVE  
Address

JACKSONVILLE, FL 32222  
City/State and Zip Code

DENNYHARE@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS M HARE at ( 407 ) 963-8131  
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

2008 OCT 23 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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. Name of the limited liability company: TOTAL PROJECT MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: MUST BE STREET ADDRESS) 10511 OTTER CREEK DRIVE  
JACKSONVILLE, FL 32222

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: MAY BE POST OFFICE BOX) 10511 OTTER CREEK DRIVE  
JACKSONVILLE, FL 32222

JUNE 6, 2006  
3. Date of filing/registration in Florida

L06000044922  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: DENNIS M HARE

Registered Office Address: 227 N ORANGE AVE

DELAND, FL 32720

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent: DENNIS M HARE

NEW Registered Office Address: 10511 OTTER CREEK DRIVE

(MUST BE FLORIDA STREET ADDRESS) JACKSONVILLE  
FL 32222

RECEIVED  
SECRETARY OF STATE  
OCT 23 AM 11:23  
TALLAHASSEE, FL 32314

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dennis M Hare  
Signature of a member or authorized representative of a member

DENNIS M HARE  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Dennis M Hare  
Signature of Registered Agent

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