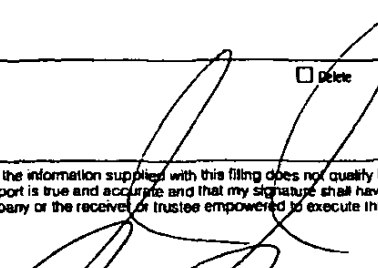


FILED
Apr 25, 2007 8:00 am
Secretary of State

04-02-2007 90435 050 ****50.00

DOCUMENT # L06000054702				04-02-2007 90435 050 ****50.00	
1. Entity Name BONDED BUILDING SYSTEMS, LLC					
Principal Place of Business 2175 WEST 18TH STREET JACKSONVILLE, FL 32209 US		Mailing Address P.O. BOX 12267 JACKSONVILLE, FL 32209 US		30005604	
					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01042007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-8879264	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHISM, LORIE L 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204			Name Lorie L. Chism Street Address (P.O. Box Number is Not Acceptable) C/O IVAN Y COLE One Independent Dr., Ste 3131 City Jacksonville, FL Zip Code 32202		
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 familiar with, and accept the obligations of registered agent.					
SIGNATURE Lorie L. Chism Signature, typed or printed name of registered agent and title if applicable			DATE 4/23/07 (NOTE: Registered Agent signature required when re-registering)		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM K.P.K. INVESTMENTS II, LLC 2175 WEST 18TH STREET JACKSONVILLE, FL 32209	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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 oath; that I am a 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF BONDING/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					