

Jul 10-07 12:47 PM THE WILLIAMS LAW FIRM PA
F-088 F-0102 F-902**LD6000076213**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

REGISTERED AGENT CHANGE**JOBE'S DIRT WORKS LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Jobe's Dirt Works LLC
2. The mailing address of the limited liability company is: P.O. BOX 777
Baker, FL 32531

August 2, 2008L06000076213

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Address

Weston, FL 33331

City, State and Zip

6. The name and address of the new registered agent and/or office:

Agents and Corporations, Inc.

Name

300 Fifth Avenue South, Suite 101-330

Florida street address (P.O. Box NOT acceptable)

WaplesFL 34902

City, State and Zip

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.

Alison Everson M.M.
(Signature of a member or authorized representative of a member)

ALISON EVERSON, Managing Member.
(Printed or typed name of agent)

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, to the extent it is, to ensure that the registered office address of the limited liability company has been notified in writing of this change.

John J. Williams
(Signature of Registered Agent)

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

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