## # [06000076217

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJECT: AMERICAN SITE SOLUTIONS LLC		
	1	Name of Limited Liability Company
Dear :	Sir or Madam:	
The e	nclosed Registered Agent/Re	gistered Office Change and fee(s) are submitted for filing.
Please	e return all correspondence co	oncerning this matter to the following:
	Angela M Sto	eele
	Name of Person	
	American Site Solu Firm/Company	tions LLC
	rittivCompany	
	5114 Hawkstone	e Drive
	Address	
	Sanford FL 32	
	City/State and Zip C	ode
E	angela@americansites mail address: (to be used for future an	solutions.com nual report notification)
For fu	rther information concerning	this matter, please call:
	Angela M Steele	at ( 407 ) 687 7041
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDR	ESS: MAILING ADDRESS:
	Registration Section	Registration Section
. ,	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
•	Enclosed is a check for the	e following amount:
	\$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.

Name of the limited liability company:AMERICAN SITE SOLUTIONS LLC			
2. (a) Principal office address of limited liability of	ompany: 5114 Hawkstone Drive		
(Note: MUST BE STREET ADDRESS)	Sanford FL 32771		
(b) Mailing address of limited liability company	y: 5114 Hawkstone Drive		
(Note: MAY BE POST OFFICE BOX)	Sanford FL 32771		
8/1/2006	L06000076217		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:		
Registered Agent:	Angela M Steele		
Registered Office Address:	8169 Emerald Forest CF Sanford FL 32771		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	5114 Hawkstone Drive Sanford		
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.  Signature of a member or authorized representative of a member			
ANGELA M STEELE			
Printed or typed name of signee			
I hereby accept the appointment as registered ages comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.		

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

Signature of Registered Agent