Wb 0000 79415

(Requestor's Name)					
(Address)					
(Address)					
· _					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(_uomood _man, mame,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
,					

Office Use Only



400144918864

03/09/09--01027--010 **25.00



T. CLINE

MAR 1 0 2009

EXAMINER

CON	/FD	LET	TED
CO	/ LK		I I'K

•		COVER LETTER		
TO: Registration Section Division of Corporation	ons			
SUBJECT:	Cove	Construction	Grusp	Llc
	(Name of	f Limited Liability Compa	any)	
Dear Sir or Madam:				
The enclosed Registered Ager	nt/Registered Of	fice Change and fee(s) ar	e submitted	d for filing.
Please return all corresponden	ce concerning t	his matter to the following	g:	
			-	
Brundan A	موال			
Brundon A (Name of	Person)	~		
Cove Const				2
(Firm/Con	apany)	•		DOO!
12599 NW	107 Ave			AHA A
(Addres	s)			9 A
Medley F	L 3317	18		2009 MAR -9 AM 11: 00 SECRETARY OF STATE TALLAHASSEE, FLORIG
(My/State and	1 Zip Code)			77 O
For further information concer	ming this matter	r, please call:		
Brandon Allen		at (786) 87)	- 240	8
(Name of Perso		(Area Code & Dayti	ime Teleph	one Number)
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	Circle	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, Florid	on rations	
Enclosed is a check fo	r the following	amount:		
\$25 Filing Fee		□ \$55 Filing Fee	& Certified	і Сору

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 company submits the following statement in order to chan in the State of Florida.	l, Florida Statutes, the undersigned limited liability ge its registered office or registered agent, or both,
1. Name of the limited liability company:	Construction Group LLC
 (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) 	12599 NW 107Ave Medley FL 33178
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6532 Migmi Lakes Dr. Migmi Lakes, FL 37014
8/11/2006	LØ6ØØØØ79415
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	
Registered Agent:	Brandon Allen 650 0
Registered Office Address:	12599 NW 107 76c= 0
(b) Enter name of NEW Registered Agent and/or NEW	
NEW Registered Agent:	Brandon Allen
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12599 NW 107 Ave Medley ,FL 33178
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	at address of the registered office and the business ase of a Florida limited liability company, it is an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	
Brundon Allen	
(Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to Sper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
(Signature of Registered Agent)	

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