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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Codification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				
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Office Use Only



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FILED 10 FEB 10 PM 3: 02 SECRETASSEP, FLORIDA

D. BRUCE

FEB 11 2010

EXAMINER

COVER LETTER

	n of Corporations					
SUBJECT: _				ERING		
	Name of Li	imited I	_iabili	ty Compan	ıy	
Dear Sir or Ma	dam:					
The enclosed R	Registered Agent/Registered O	ffice Ch	ange	and fee(s)	are submitted f	for filing.
Please return a	Il correspondence concerning t	his mat	ter to	the followi	ng:	
	MARSHA SIHA Name of Person			_		
· · · · · · · · · · · · · · · · · · ·	INCFILE.COM Firm/Company			_		
	10943 MAYFIELD RD. Address				10 FEB 10 PM 3: 02 SECRETARY OF STATE SECRETARY OF STATE	
HOUSTON, TX 77043 City/State and Zip Code					O PH 3: 03 RY OF STAT	
E-mail addres	LOVETTE@INCFILE.COM ss: (to be used for future annual report no	tification)	-	_		NTE RIDA
For further info	ormation concerning this matte	r, pleas	e call:			
	VETTE DOBSON Name of Person	at (713) Area Code & I	562-8895 Daytime Telephone	
Registra Division Clifton 2661 Ex	ation Section of Corporations Building secutive Center Circle ssee, Florida 32301		Reg Divi P.O.	ILING AD istration Sec sion of Cor Box 6327 ahassee, Flo	ction porations	
Enclose	ed is a check for the following	g amou	nt:			
[Z]\$25	Filing Fee	۲	\$5:	5 Filing Fe	e & 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: SHAFER ENGINEERING LLC					
2. (a) Principal office address of limited liability co	mpany: 14212 SUNRIVER AVENUE				
(Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company:	ORLANDO, FL 32828				
(Note: MAY BE POST OFFICE BOX)					
08/31/2006 3. Date of filing/registration in Florida	L06000086011 4. Document number				
5. (a) Registered Agent and Registered Office show Registered Agent:Registered Office Address:	WIN ON the records of the Florida Dept. of State: KYLE LAVENDER 873 WEST BAY DRIVE SUITE 105 LARGO, FL 33770				
(b) Enter name of <u>NEW Registered Agent</u> and/on <u>NEW Registered Agent</u> :	or <u>NEW Registered Office address</u> : <u>USA-RA LLC</u>				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	841 Prudential Drive 12TH FLOOR Jacksonville ,FL32207				
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 DANIEL SHAFER Printed or typed name of signee					
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability configurature of Registered Agent	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.				

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