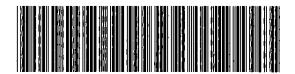
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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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OB NOV 17 PH 12: OC SECRETARY OF STATE

D. BRUCE

NOV 18 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TCB PLUMBING, LLC (Name of Lim	ited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
	<b>C</b>
Leonora E. Tyree	
(Name of Person)	<del></del>
John R. Green, P.A. (Firm/Company)	
(i uni company)	ALLC ALC SEC
DO Boy 240	AR NO L
PO Box 349 (Address)	
	7 m
Panama City, FL 32402	TS TS
(City/State and Zip Code)	FILED NOV 17 PM 12: 00 CRETARY OF STATE LAHASSEE, FLORIDA
For further information concerning this matter, ple	
Leonora E. Tyree at (	850 ) 215-3610
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
	☐ \$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: <u>TCB PLU</u>	MBING, LLC
. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	eany: 207 East 3rd Street Lynn Haven, FL 32444
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5112 Kenrick Street 5//2 KENORICK St.
0-23-06	L06000103326
. Date of filing/registration in Florida	4. Document number
. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Sidney A Tilley
Registered Office Address:	104 Joy Circle Panama City, FL 32405
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address
<u><b>NEW</b></u> Registered Agent:	Jesse Ost
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5112 Kennick Street 619 Hwy 2297
	Perker PANAMA CITY 1, FL 32404 - FL 32404
imited liability company.  Less Ost	he laws of the State of Florida, it is hereby confirmed treet address of the registered office and the business
Signature of a member or authorized representative of a member)	
lesse Ost Printed or typed name of signee) I hereby accept the appointment as registered agent an omply with the provisions of all statutes relative to the	ad agree to act in this capacity. I further agree to
m familiar with and accept the obligations of my position. S. Or, if this document is being filed to merely reflect onfirm that the limited liability company has been noting the state of Registered Agent)	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, and I ion as registered agent as provided for in Chapter 608, tachange in the registered office address, I hereby fied in writing of this change.

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