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- (Ac	ldress)	
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(At	141033)	
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. (Ci	ty/State/Zip/Phone	#) .
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE

JUL 20 2010

EXAMINER

COVER LETTER

•	TO: Registration Sect Division of Corpo							
٠	SUBJECT:				Masonry ty Compan			
nc = .	Dear Sir or Madam: . The enclosed Registered	Agent/Registered	Office C	hange i	and fee(s)	are submitted	d for filing.	
_ ~	Please return all correspo	ndence concernin	g this ma	itter to 1	the followi	ng:		
	Mi	chael Taylor						
	Na	ne of Person			_		SECRET	
-,		n/Company Haulover Ave			_		ARY OF STASSEE, FLI	9 24 15
	Spring	Address HIII FL 34608 ate and Zip Code			_		JRIOA	: 26
-	E-mail address: (to be used	-			-			
•	Michael T	avlor	at (352)	585-10	81	
•	Name of Pers		ar (rea Code & E	Daytime Telepho		
	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	n ations nter Circle		Regi Divi P.O.	LING ADI stration Sec sion of Corr Box 6327 thassee, Flo	tion porations		
	Enclosed is a che	ck for the followi	ing amou	unt:				
	\$25 Filing Fee		1	\$55	Filing Fe	e & 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, 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:	Michael S. Taylor Masonry LLC	
2. (a) Principal office address of limited liability	y company: 1461 Haulover ave	
(Note: MUST BE STREET ADDRESS	spring hill fl 34608	
(Note: MAY BE POST OFFICE BOX)	any:	
1/2/206 3. Date of filing/registration in Florida	<u>Lobooo 106 553</u> 4. Document number	
	TAI SI	
	shown on the records of the Florida Dopt. of State:	- W
Registered Agent:	Corporation Delvite (61-pan	-
Registered Office Address:	Tallahassee +1 32 301	
	NIE DRIVE	
(b) Enter name of NEW Registered Agent and	nd/or NEW Registered Office address:	
NEW Registered Agent:	Michael S. Taylor	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRE	1461 Haulover Ave	
MOST BE PLORIDA STREET ADDRI	Spring Hill ,FL34609)
confirmed that after the change or changes are many and the business office of the registered agent wi	under the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative very as otherwise provided in the articles of organization company.	ote ion
Printed or typed name of signee		
·Mon	gent and agree to act in this capacity. I further agree to the proper and complete performance of my dut so for my fact of my fact of the provided for iled to merely reflect a change in the registered office of the company has been notified in writing of this change.	ee to ies, in ce ge.
Signature of Registered Agent		

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