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COVER LETTER

Division of Corporations		
Facilities Construction One, LLC SUBJECT:		
	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Scott Miller		
Name of Person		
Facilities Construction One, LLC		
Firm/Company		
P. O. Box 12208		
Address	 	
Fort Pierce, Florida 34979	in the state of th	1 1102
City/State and Zip Code		AR COM
scott@facilitiesconstruction.com	1 min 4 min	9 P
E-mail address: (to be used for future annual repor		PM 과 (**
For further information concerning this matter, please ca		ω ω V
Scott Miller 77	72 475-0755	
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 amount	:	
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1	Nio	ma of the limited liebility commany. Facilities Co	nstructi	on One, LL	_C		
 2. (me of the limited liability company: Scott Alan Miller		b)			
4. ,	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		1900 Winding Creek Lane		PO Box	12208		
		Fort Pierce, FL 34981		Fort Pierce, FL 34979			
		11/15/2006		L0600011	11115		
3.		Date of filing/registration in Florida	4.		Document number	r	
5.	(a)	Scott Alan Miller					
٥.	(4)	Registered Agent and Registered Office shown on the records of	of the Florid	la Dept, of State	- 5:		
		Scott Alan Miller					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-		
		1900 Winding Creek Lane					
(b)		Fort Pierce , F	L_34981		ι	2014 M	tonger.
	(b)	Scott Alan Miller				AR I	CHARGE
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- 333 o	Services.	
		Scott Alan Miller				PH 3:	
		NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	-	32 10A	
		192 SW Eyerly Ave	•		_	,	
		Port St. Lucie , F	_{L_} 34983	3	_		
the age was	cha nt v s/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of of the lir	istered office company, it is nited liability	e and the business of s hereby confirmed y company or as ot	office of the r	registered nge(s)
		Sury De MAR	So	ott Alan M	iller, Member		
S	ignat	ture of a member or authorized representative of a member			Printed or typed name	e of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent