## L07000022998

· (Requestor's Name)			
(Address)			
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	→ #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
. Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
	,		





900189057799

**900189057799** 12/30/10--01010--013 \*\*35.00

11 JAN 12 PM 2:53
SEURELARY OF STATE
ALLAHASSEE, FLORIDA

**B.** BOSTICK **UAN 1 3** 2011

**EXAMINER** 

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	MODERN ESTIMATING S		
	Name of Corpo	ration	
DOCUMENT NU	MBER: L07000002998		
The enclosed State	ement of Change of Registered Office/Ag	ent and fee are submitted for filing.	
	orrespondence concerning this matter to the	•	
i ioaso iotalii ali ot	Arespondence voncerning and matter to a	io lonewing.	
	MARIA AM	IIN	
	Name of Contact	Person	
•	MODERN ESTIMATING	SERVICES, LLC	
	Firm/Compa	ny	
	4041 ALDERGAT	E PLACE	
	Address		
•		1 TAL	
<ul> <li>Note that the second of the sec</li></ul>	WINTER SPRINGS	6, FL 32708	
	City/State and Zi	p Code	100
	<b>A</b>	JAN 12 PH 2: 53	diam's Ton
_	tariqomer@gma E-mail address: (to be used for future	annual report polification	
	L-man address. (to be used for future	annual report normeation)	Ċ
		2: 5 ORI	_
For further information	ation concerning this matter, please call:	D <sub>A</sub>	
	MARIA AMIN at	( 850 ) 830-4600	
Nai	me of Contact Person at	Area Code & Daytime Telephone Number	-
	•		
Enclosed is a \$35.0	00 check made payable to the Department	t of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
		Cinion Banang	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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.

1. Name of the limited liability company:MODER_	N ESTIMATING SERVICES, LLC
2. (a) Principal office address of limited liability company	4041 ALDERGATE PLACE
(Note: MUST BE STREET ADDRESS)	WINTER SPRINGS, FL 32708
(b) Mailing address of limited liability company:	SAME AS ABOVE
(Note: MAY BE POST OFFICE BOX)	
JANUARY 09, 2007  3. Date of filing/registration in Florida	<u>L0700002998</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	BUSINESS FILINGS INCORPORATED
Registered Office Address:	8040 EXCELSION DRIVE, SUITE 200
	MADISON, WI 53717
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEV</b>	W Registered Office address:
NEW Registered Agent:	MARIA AMIN
NEW Registered Office Address:	4041 ALDERGATE PLACE
(MUST BE FLORIDA STREET ADDRESS)	WINTER SPRINGS ,FL 32708
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Printed or typed name of signee  I hereby accept the appointment as registered agent and a	gree to act in this capacity Fruther garde to
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	pree to act in this capacity reputifier agree to spee and complete perform <b>ance of thy</b> duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	
DIBRIGIA OF DESIGNARY USERIE	

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2011

MARIA AMIN MODERN ESTIMATING SERVICES, LLC 4041 ALDERGATE PLACE WINTER SPRINGS, FL 32708

SUBJECT: MODERN ESTIMATING SERVICES, LLC

Ref. Number: L07000002998

We have received your document for MODERN ESTIMATING SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 511A00000126

TAIL AHASSE OF STATE