FILED May 05, 2008 8:00 am Secretary of State 04-10-2008 90126 008 ***138.75

Stock	1. Entity Nam	MENT # L07000005 COACH, LLC	020					
Suite, Apt. F. etc. Suite, Apt. F. etc. Suite Coy & Suite Coy & Suite Apt. F. etc. Cov & Suite A. FEI Number Applied For Med Applied	610 E. MAIN	STREET	610 E. MAIN STREET			30005749		
City & State Country Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBUCK, H. D. JR. S10 E MAIN STREET LEESBURG, FL 34748 Size of Address (P.O. Box Number is Not Acceptable) City FL City City FL City	2. Principal P	face of Business - No P.O. Box #	3. Mailing Address					
To County Zip County 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name ROBUCK, H. D. JR. 610 E MAIN STREET LEESBURG, FL 34748 Street Address (P.O. Box Number is Not Acceptable) Cry Cry Cry FL Zip Code 8. The above named entry submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Porida. I am lamillar with, and acrey the obligators of registered agent, or both, in the State of Porida. I am lamillar with, and acrey the obligators of registered agent. State of Porida Department of The purpose of changing is registered office or registered agent, or both, in the State of Porida. I am lamillar with, and acrey the obligators of registered agent. State of Porida Department of State of Porida Department of State of Porida Opportunity of The State of Porida Department of State of Porida State of Porida Department	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008	Chg-LLC	CR2E083 (12/0	6)
S. Certification of Statista Descreed 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lumiliar with, and accept the obligations of registered agent, or both, in the State of Florida State of F	City & State		City & State		4. FEI Num	ber		Applied For Not Applicable
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Sireet Address (P.O. Box Number is Not Acceptable) City		5. Name and Address of Current	Registered Agent	Name	7. Name an	d Address of New	Registered Agent	
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids. I am familiar with, and acress the obligations of registered agent, or both, in the State of Portids Department of State. FILE NOWITI FEE IS \$138,75 After May 1, 2008 Fee will be \$538,75	610 E MAI	N STREET		Street A	ddress (P.O. Box Num	ber is Not Acceptab	le)	
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TITLE NAME STREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Ro-Mac Lumber & Supply, Inc.	TITLE MAME STREET ADDRESS		☐ Defate	TITLE NAME STREET ADDRESS			☐ Chang	e Additio
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