Lo700000000491

| (Requestor's Name) | _ | | | |
|---|---|--|--|--|
| | | | | |
| (Address) | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | _ | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | — | | | |
| , , , | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | ı | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



100129916661

05/29/08--01018--005 **25.00

2000 MAY 29 PM 12: 49
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE
MAY 8 9 2008
EXAMNER

COVER LETTER

| TO: Registration Section Division of Corporations | | • |
|--|---|--|
| SUBJECT: Accelerated Construction (Name of | on Company, LLC of Limited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered C | Office Change and fee(s) are submitted for filing | 3. |
| Please return all correspondence concerning | this matter to the following: | |
| Bradley A. Hollett | | |
| (Name of Person) | | |
| Accelerated Construction Company, LLC | | |
| (Firm/Company) | | 7 SS 7 S |
| | 1 | TAFF AHASSEE FLORID |
| 6903 Atlantic Blvd | | HAZ Z |
| (Address) | · | SER 9 |
| £, | | PHI THE |
| Jacksonville, FL 32211 | | H 12: 49 F STATE |
| (City/State and Zip Code) | | 15 to |
| For further information concerning this matt | ter, please call: | |
| C. Randolph Coleman | at (904) 448-1969 | |
| (Name of Person) | (Area Code & Daytime Telephone Num | ber) |
| 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 | ng amount: | |
| \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | |

STATEMENT 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. Na | me of the limited liability company: Accelerated | d Construction Com | pany, LLC | _ 5 |
|---|--|--|---|------------------------|
| 2. (a) | Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) | y: 6903 Atlantic Blvd Jacksonville, FL 32211 | | - G |
| (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 6903 Atlantic Blvd Jacksonville, FL 32211 | | - □ |
| 2/27/2 | | 670000 224 | 41 | - |
| 3. Da | te of filing/registration in Florida | 4. Document number | | |
| 5. (a) | Registered Agent and Registered Office shown on | the records of the Florida | a Dept. of State: | |
| | Registered Agent: | C. Randolph Colemam | | _ |
| | Registered Office Address: | 50 N. Laura Street, Suite Jacksonville, FL 32202 | 2600 LETAN 29 | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : | W Registered Office ad | SER X C | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | 9250 Baymeadows Road | 10 10 10 | - 1 |
| | | Jacksonville | ■ ,FL_32256 | - - |
| that af office hereby liability limites | limited liability company is not organized under the fier the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of a liability company. | et address of the registere case of a Florida limited l | d office and the busing the busing it is | ness S |
| | ndolph Coleman or typed name of signee) | _ | | |
| | by accept the appointment as registered agent and a with the provisions of all statutes relative to the provision with and accept the obligations of my position of this document is being filed to merely reflect a matter than the limited hability company has been notifien the limited hability company has been notifient. | agree to act in this capact roper and complete perfor a as registered agent as p change in the registered a d in writing of this chang | ity. I further agree to mance of my duties, royided for in Chapte office address, I here e. | and I er 608, by |

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