*107000048474

(Re	equestor's Name)	
(Ad	ldress)	
	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000252759590

10/23/13--01025--005 **25.00

3 00T 23 PM 4: 02

K. SALY EXAMINER

OCT 2 5 2013

COVER LETTER

Division of Corporations	
	IELD CONSTRUCTION LLC
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Chris StubbleFre	1 d
StubbleField Const	ruction LLC
1521 E NorthField Address	BLvd
Murfreesboro Tr	37/30
5+ubbconstrution@	
For further information concerning this mat	ter, please call:
hrir stubble Freld Name of Person	at 6 15 335 6104 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	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STÂTEMENT 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: STUBBL	EFIELD CONSTRUCTION LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Mutreesburg TN 37/30
(b) Mailing address of limited liability company:	1521 E. Northfield Bles
(Note: MAY BE POST OFFICE BOX)	Murrireesboro, TN 37130
05/07/2007	L07000048474
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:
Registered Agent:	STUBBLEFIELD, CHRISTOPHER A
Registered Office Address:	360 Ainsley St
·	Palm Bay, FL 32907
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address: 23
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North
	Loxahatchee ,FL33470
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability 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	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	
hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of all statutes relative to the province of any familiar with and accept the obligations of my po Chapter 548, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company on behalf of InCorp Services, Inc.	gree to act in inis capacity. I further agree to soper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Division of Corporations, P.O. Box 63	27. Tuliahassee, FL. 32314

FILING FEE: \$25.00