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Office Use Only



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07 SEP 27 PH 3: 35

STATEMENT OF CHANGE OF CEGISTERED 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.

angerin, or commy my time states by a reco	•	
1. The name of the limited liability	y company is: McBride Remodeling & Custom Homes, LLC	
2. The mailing address of the limit	ted liability company is: 25159 NW 10th Avenue; Newberry,	FL 32669
Ü		
07/17/07	L07000074231	
3. Date of filing/registration in Flo	orida 4. Document number	
5. The name of the registered agen Florida Department of State:	at and the registered office address as shown on the records of	of the
Kara S	utton	
	Name	0
25159 N	NW 10th Avenue	ZS
	Address rry, FL 32669 City, State and Zip	SIO SIO
Newber	ry, FL 32669	
	City, State and Zip	予予五
6. The name and address of the nev	w registered agent and/or office:	
lagas M		704 7
Isaac M	Name S	
227 SW	Lunsford Terrace	
	a street address (P.O. Box NOT acceptable)	
am lake o	· · · · · · · · · · · · · · · · · · ·	
Newbern		
	City, State and Zip	
confirmed that after the change or and the business office of the regis liability company, it is hereby conf	7	d office nited tive vote
Isaac McBride		
(Printed or typed name of signee)		
I hereby accept the appointment a comply with the provisions of all st and I am familiar with and accept Chapter 608, F.S. Or, if this document address, I hereby confirm that the (Signature of Registered Agent)	is registered agent and agree to act in this capacity. I furthe tatutes relative to the proper and complete performance of n the obligations of my position as registered agent as provide ment is being filed to merely reflect a change in the registered limited liability company has been notified in writing of this	r agree to 1y duties, 2d for in 2d office change.