(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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(K-t)	•	

Office Use Only



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G. MCLEOD

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EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Fernandez Pre-Construction S		
(Name of Lim	ited Liability Company)	
Dear Sir or Madam:	· ,	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Juan Carlos Fernandez		
(Name of Person)		
Fernandez Pre-Construction Services, L	<u>LC</u>	
(Firm/Company)		
1100 Old Parsonage Drive		
(Address)	<u> </u>	
Merritt Island, FL 32952	•	
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
	459-9409	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following a	mount:	
\$25 Filing Fee	✓ \$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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.

	ompany is: Fernandez Pre-Construction Services, LLC	
2. The mailing address of the limited	liability company is : 9158 Daytona Drive Pensac	ola, FL 32506
08/15/2007	L07000083491	·
3. Date of filing/registration in Florid	da 4. Document number	
5. The name of the registered agent as Florida Department of State:	nd the registered office address as shown on the re	cords of the
Juan Carl	os Fernandez	
	Name	
9158 Dayt	ona Drive	
	Address	0
Pensacola	, FL 32506	8 ∑ S
City, State and Zip		HAR ION
6. The name and address of the new registered agent and/or office:		R 10
Juan Carlo	os Fernandez	PA
	Name	⇔
	arsonage Drive	RAA A
Florida sti	reet address (P.O. Box NOT acceptable)	- 15 IION
Merritt Islan	nd FL 32952	, <u>, , , , , , , , , , , , , , , , , , </u>
	City, State and Zip	
confirmed that after the change or cha and the business office of the register liability company, it is hereby confirm		egistered office rida limited affirmative vote
Juan Carlos Fernandez		
(Printed or typed name of signee)	·	
• • • • • • • • • • • • • • • • • • • •	egistered agent and agree to act in this capacity. Hes relative to the proper and complete performan obligations of my position as registered agent as it is being filed to merely reflect a change in the r ited liability company has been notified in writing	I further agree to nee of my duties, provided for in egistered office of this change.
/ Division of Corpor	rations, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (8/05)