## L01000085880

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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J. SAULSBERRY EXAMINER APR 25 2013

## **COVER LETTER**

Division of Corporations				
SUBJECT: Systems Contractor Supply, LLC Name of 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:				
George A. Luther Jr				
Systems Contractor Supply, LLC Firm/Company				
365 S. Shore Dr.				
OSPREY FL 34229 City/State and Zip Code				
info@SystemsContractorSupply.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
George A Luther Tr at (941) 350-4866  Name of Person at (941) Area Code & Daytime Telephone Number				
Registration Section Registr Division of Corporations Division Clifton Building P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	Filing Fee & Certified Copy			

## 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.

agem, or	oom, in the plate of 1 fortua.	
1. Name	of the limited liability company: Sys	tems Contractor Supply, LLC
2. (a) Pr	incipal office address of limited liability  Note: MUST BE STREET ADDRESS	company: 365 S. Shore Dr. Osprey FL 34229
	lailing address of limited liability companions. Note: MAY BE POST OFFICE BOX	ny: 3105 S. Share Dr. Osprey FL 34229
	99989 3-10-13	L07000085880
3. Date of	of filing/registration in Florida	4. Document number
. ,		hown on the records of the Florida Dept. of State: <u>George A Luther Ir</u>
	egistered Agent: egistered Office Address:	805 Connemara Circle Venice FL 34292
<u>N</u>	nter name of NEW Registered Agent and EW Registered Agent:  EW Registered Office Address:  MUST BE FLORIDA STREET ADDRI	3105 S. Shore Dr.
<u>{//</u>	MUSI BE FLORIDA SIREEI ADDRI	Osprey ,FL 34229
confirme and the b liability of the meml the opera	d that after the change or changes are manusiness office of the registered agent will company, it is hereby confirmed that the company of the limited liability company or a sting agreement of the limited liability company or a member or authorized representative of a member of the limited liability company or a member or authorized representative of a member of a member of signee	nder the laws of the State of Florida, it is hereby ide, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of so otherwise provided in the articles of organization or impany.  The proper and complete performance of my duties, so for my position as registered agent as provided for in the decimal of the proper and complete performance of my duties, so for my position as registered agent as provided for in the decimal of this change.
1 /2.	I hereby confirm that the limited liability	company has been notified in writing of this change.

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