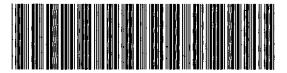
## 207000099901

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
<u>.</u>
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Change of RA L07-99901

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SECRETARY OF STATE
ALL SHESKEE, FLONDS

N. CAUSSEAUX

DEC 3 0 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MAX AVILA CONSTRU	
(Name	e 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 concernin	ig this matter to the following:
MAX AVILA	
(Name of Person)	
MAX AVILA CONSTRUCTION SERVICES LLC (Firm/Company)	<u>,                                      </u>
4480 ROYAL PALM BEACH BLVD.	
(Address)	
WEST PALM BEACH, FL 33411	
(City/State and Zip Code)	<del></del>
For further information concerning this ma	tter, please call:
MAX AVILA	at ( 561 ) 662 - 3910
(Name of Person)	(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 follow	ing amount:
	☐ \$55 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.

1. Name of the limited liability company: MAX AVILA	CONSTRUCTION SERVICES LLC	
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 4480 ROYAL PALM BEACH BLVD.  WEST PALM BEACH, FL 33411	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4480 ROYAL PALM BEACH BLVD. WEST PALM BEACH, FL 33411	
10/01/2007 3. Date of filing/registration in Florida	L07000099901	
5. (a) Registered Agent and Registered Office shown on Registered Agent:	F**	_
Registered Office Address:	12188 66TH ST. N. WEST PALM BEACH, FL 33412	ı
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4480 ROYAL PALM BEACH BLVD. WEST PALM BEACH	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business tase of a Florida limited liability company, it is	
(Signature of a member or authorized representative of a member)	<del></del>	
MAX AVILA (Printed or typed name of signee)  I hereby accept the appointment as registered agent and a	— goree to act in this canacity - I further agree to	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.	
(Signature of Registered Agent)		

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