L08000005720

(F	Requestor's Name)	
(A	\ddress)	
(A	Address)	
(0	City/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(0	Occument Number)	
	,	
Certified Copies	Certificates of	Status
0.000	FW 000	
Special Instructions to	o Filing Officer:	
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FILED STATE
STATE OF CORFORATIONS
STATE OF CORFORATIONS

Office Use Only

J. BRYAN

MAY 3 0 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
	Design Construction, LLC me of Limited Liability Company)	
(ine of Emilion English years,	
Dear Sir or Madam:		
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
James Hughey		
(Name of Person)		
Superior Design Construction, LLC (Firm/Company)		
(гиписопрану)		
19394 South US Highway 441		
(Address)		
High Springs, Florida 32643		
(City/State and Zip Code)		
For further information concerning this	matter, please call:	
James Hughey	at (386) 454-7791	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	owing amount:	
✓ \$25 Filing Fee	☐ \$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.

y.	
1. Name of the limited liability company: Superior	r Design Construction, LLC
2. (a) Principal office address of limited liability cor	many 10304 Couth Highway 441
(Note: MUST BE STREET ADDRESS)	High Springs, Florida 32643
(Note: MUST BE STREET ADDRESS)	Tilgit Springs, i torida S2043
(b) Mailing address of limited liability company:	19394 South Highway 441
(Note: MAY BE POST OFFICE BOX)	High Springs Florida 32643
	9 = 22.
	A CE
January 16, 2008	L08000005720 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
3. Date of filing/registration in Florida	4. Document number
5. Date of filling/registration in Florida	T. Document number
5. (a) Registered Agent and Registered Office show	on on the records of the Florida Dent of State:
3. (a) Registered Agent and Registered Office show	an on the records of the Florida Dept. of State.
Registered Agent:	4. Document number on on the records of the Florida Dept. of State: New Life Group, LLC
Registered rigent.	New Elife Group; Elec
Registered Office Address:	6555 Powerline Road
1108.00.00 01.100 1.100.000	Suite 102
	Fort Lauderdale, FL 33309
(b) Enter name of NEW Registered Agent and/o	r NEW Registered Office address:
NEW Registered Agent:	James Hughey
Negistered Agent.	Junies nagney
NEW Registered Office Address:	19394 South US Highway 441
MUST BE FLORIDA STREET ADDRESS	
	High Springs ,FL 32643
If the limited liability company is not organized under	or the laws of the State of Florida, it is hereby confirmed
that after the change or changes are made, the Florida	a street address of the registered office and the business
office of the registered agent will be identical. Or, in	the case of a Florida limited liability company, it is
liability company or as otherwise provided in the arti	ized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the
limited liability company.	cles of organization of the operating agreement of the
Of Start	
(Signature of a member or authorized representative of a member)	•
Quentin Steedley	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t am familiar with and accept the obligations of my po F.S. Or, if this document is being filed to merely refl	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, and I sition as registered agent as provided for in Chapter 608, ect a change in the registered office address, I hereby otified in writing of this change.
confirm that the timited trability company has been n	oujiea in writing of this change.
(Signature of Registered Agent)	
Division of Compositions D.O.	Day 6327 Tollahassaa Fi 22214
Division of Corporations, P.O.). Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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