(Requestor's Name) (Address) 100162288831 (Address) (City/State/Zip/Phone #) 10/30/09--01010--007 **25.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status 09 OCT 30 PH 1: 03 Special Instructions to Filing Officer: Office Use Only G. MCLEOD NOV - 2 2009 **EXAMINER**



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MCKENZIE CONSTRUCTION & SITE DEVELOPMENT, 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:

OLIVER FERNANDEZ III

Name of Person

Firm/Company

P.O. BOX 47115

Address

TAMPA, FL 33647

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLIVER FERNANDEZ III Name of Person 857)

at (

222-4452

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 following amount:



\$55 Filing Fee & Certified Copy

Pursuant to the provisions of sections 608.416 or 608 liability company submits the following statement in ord agent, or both, in the State of Florida.	508, Florida Statutes, the under er to change its registered offic	rsigne e or r	d limited egistered
1. Name of the limited liability company: MCKENZIE	CONSTRUCTION & SIT	<u>E D</u>	EVELQ
2. (a) Principal office address of limited liability compan	y: 8941 IRON OAK	<u>AVE</u>	NUE
(Note: MUST BE STREET ADDRESS)	TAMPA, FL 33647		
(b) Mailing address of limited liability company:	P.O. BOX 47115		
(Note: MAY BE POST OFFICE BOX)	TAMPA, FL 33647	<u></u>	
02-13-08	L08000015915		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	OLIVER D FERNANDEZ III		
Registered Office Address:	9220 OAK PRIDE CT TAMPA, FL 33647	100 60	DIVISION
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:	30 P	OF COP
NEW Registered Agent:	OLIVER D FERNANDEZ III		<u>्रा</u> म
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8941 IRON OAK AVENUE	:03	
	TAMPA,	FL <u>33</u>	647
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida 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 list is the product of the registered agent will be identical. Or, in the case of a Florida limited			

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR

and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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Signature of a member or authorized representative of a member

BOTH FOR LIMITED LIABILITY COMPANY

OLIVER D FERNANDEZ III

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

len D. Fann Signature of Registered Agent

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