08000 20407

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
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(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
AFTARASSEE FLORIDA

M. THOMAS

JUL 1 1 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pahoa Mudworks UC (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:
Nancy Henry (Name of Person) Pahoa Mydworks UC (Firm/Company) 6235 Rodgers Avenue (Address) Savasota # 34231 (City/State and Zip Code)
For further information concerning this matter, please call:
Nany Henry at (941) 925-1580 (Name of Person) (Area Code & Daytime Telephone Number)
(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 following amount:

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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 company submits the following statement in order to chan	l, Florida Statutes, the undersigned limited liability ge its registered office or registered agent, or both,	
in the State of Florida. 1. Name of the limited liability company: Pahoa	Mudworks CCC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 6235 Rodgers Alenue PRO Sarasota, Florida 34231	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5235 Rodgers Albanue Savasota, Florada 3423/	
Tebruary 26, 2008 3. Date of filing/registration in Florida	L 08000020407 4. Document number	
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
Registered Agent:	Names Henry	
Registered Office Address:	6029 Rodgers Avenues & Surasota, Florida 3423) 5	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	V Registered Office address: Nancy Henry 6235 Roagers Avenue Savasota FL 34231	
If the limited liability company is not organized under the lattat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee)	aws of the State of Florida, it is hereby confirmed address of the registered office and the business are of a Florida limited liability company, it is an affirmative vote of the members of the limited	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Register (Agent)	ree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00