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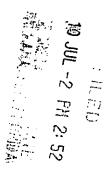
(Requestor's Name)
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S. HAWKES

JUL 6 2010

EXAMINER

COVER LETTER

COVER LETTER		
TO: Registration Section Division of Corporations		
D. Holeit Ct. Co. portuno.ii		
SUBJECT: KEMP BROTHERS CONSTRUCTION, 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:		
SHANE KEMP Name of Person		
Name of Person		
KEMP BROTHERS CONSTRUCTION Firm/Company		
8054 WASHINGTON ST.		
PORT RICHEY FL 34668 City/State and Zip Code		
Shane & Kbcfl.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
SHANE KEMP at (727) 255-1559 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:		
\$25 Filing Fee \$25 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.

3 , , ,	
1. Name of the limited liability company:	EMP BROTHERS CONSTRUCTION, L
2. (a) Principal office address of limited liability of	company:
(Note: MUST BE STREET ADDRESS)	8054 WASHINGTON ST PORTRICHEY, FL \$4668
(b) Mailing address of limited liability company	y:
(Note: MAY BE POST OFFICE BOX)	BOSH WASHINGTON ST.
05 12 2008	L08000047280
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	
Registered Office Address:	KEMP, SHANE T 3152 LITTLE ROAD #302 TRINITY, FL 34655 US
(b) Enter name of NEW Registered Agent and	or NEW Registered Office address:
NEW Registered Agent:	SHANE T. KEMP
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	S) 805H WASHINGTON ST PORT RICHEY, FL 34668
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability company or or the operating agreement of the limited liability company or or the operating agreement of the limited liability company or or the operating agreement of the limited liability company or or the operating agreement of the limited liability company or or the operating agreement of the limited liability company or or the operating agreement of the limited liability company.	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
SHANE T KEMP Printed or typed name of signee	
I hereby accept the appointment as registered ager comply with the provisions of all statutes relative to and I am fortiliar with and accept the obligations of Chapter 108, F.S. Or, if this document is being file address. I hereby confirm that the limited liability of	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in different to the registered office ompany has been notified in writing of this change.
Signature of Registered Agent	_

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