Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000212203)))



H170000212203ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Email	Address:		

LLC REGISTERED AGENT CHANGE OLYMPIA BUILDING SUPPLIES, LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	OLYMPIA BUILDING SUPPLIES,	LLC	
		ne of Limited L	iability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Off	ice Change and	fec(s) are submitted for filing.
Please	return all correspondence concerning th	is marter to the	following:
Tiffanic	: Moore		
	Name of Person	·	
Gypsun	n Management & Supply, Inc.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Firm/Company		
100 Cre	escent Centre Pkwy Ste 800		
***************************************	Address	······································	Management .
Tucker,	GA 30084		
	City/State and Zip Code	······································	
	e.Moore@gms.com		
£.	-mail address: (to be used for future ann	nual report noti	fication)
For furt	ther information concerning this matter,	, please call:	
Tiffanie	Moore	678 at (· ·	353-2885
· · · · · · · · · · · · · · · · · · ·	Name of Person	¹⁹⁴ \	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 allahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	□ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy
INHS18	(2/14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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:

. (a)	1405 SW 8th Street		(i))	ent Centre Pkwy Ste 800		
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Pompano Beach, FL 33069			Tucker, Ga			
	05/12/2008			L080000472	82		
	Date of filing/registration in Florida	4.			Document number		
. (a)	WEISS, BRAD RESQ.						
o. (a)	Registered Agent and Registered Office shown on the records of BENSON MUCCI & WEISS, PL	the Flo	rid	Dopt, of State	:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u></u>			
	5661 UNVERSITY DRIVE, #102						
	CORA SPRINGS , FI	33067	7		2011 JAN 23 SECRETARY SECRETARY SECRETARY		
					22 4		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office		dress.	AH 23 AM 8 AH ASSEE, FL		
	Takes have or 1977 registered agent under 1977 registered	· Onkt	μU	urtag.	SEE. F		
	C T Corporation System				Tro 3		
	NEW Registered Office Address;				S 1 A 1 FLORUS		
	1200 South Pine Island Road						
	Plantation	3332	4				
pe cha gent was/we as/we ne arti	imited liability company is not organized under the lar nage or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the unrelative member authorized representative of a member of a cacept the appointment as registered agent and aground so fall statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	f the reability of the limite	gi co lin d cai	stered office ompany, it is nited liability liability com g D. Apolins	and the business office of the registers hereby confirmed that the change(s) y company or as otherwise provided in ipany. ky, Secretary Printed or typed name of signee		

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