L08000048349

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/18/08--01023--011 **25.00

08 JUN 18 AM 10: 51
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pure Construction LLC (Name of L	imited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Reside Day		
(Name of Person)	· ·	
(Firm/Company)		
811 94th Ave N		
(Address)		
Naples, Florida 34108		
(City/State and Zip Code)	 	
For further information concerning this matter, p	please call:	
Benita Ray at	(888) 550-7961	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following a	mount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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.

94th Ave N s, Florida 34108 94th Ave N s, Florida 34108 80000 48349 cument number ords of the Florida Dept. of State es Trepanier 4th Ave N s, Florida 34108
80000 48349 cument number ords of the Florida Dept. of State: es Trepanier 4th Ave N
ords of the Florida Dept. of State: es Trepanier 4th Ave N
ords of the Florida Dept. of State: es Trepanier 4th Ave N
es Trepanier FS 5
4th Ave N
istered Office address: a Ray 4th Ave N
,FL <u>34108</u>
The State of Florida, it is hereby confirmed ass of the registered office and the business a Florida limited liability company, it is firmative vote of the members of the limited aization or the operating agreement of the
act in this capacity. I further agree to ad complete performance of my duties, and I istered agent as provided for in Chapter 608, in the registered office address, I hereby iting of this change.
e adm

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