Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

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Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

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Phone Fax Number

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LLC REGISTERED AGENT CHANGE ALRON CONSTRUCTION LLC

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EXAMINER

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## 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.

1. Name of the limited liability company:	ALRON CONSTRUCTION	ON LLC
2. (a) Principal office address of limited liability com	pany:	
(Note: MUST BE STREET ADDRESS)	·	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		<del></del>
	15	20 <b>35</b>
06/03/2008	L0800005	<u>4</u> 829 📜
3. Date of filing/registration in Florida	4. Document number	23
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	
Registered Agent:	THE LAW OFFICES OF NIC	CKSPRADLIN, PLLC
Registered Office Address:	12000 NORTH DALE I SUITE 110	MABRYEWY
	TAMPA, FLORIDA 336	518
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office add	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18952 NORTH DALE I SUITE 102	MABRY HWY
	LUTZ	"FL <u>33548</u>
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company.	he Florida street address of the dentical. Or, in the case of a F	registered office
Signature of a member or authorized representative of a member		
NICKOLAS J. SPRADLIN, ESQ.  Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com, Signature of Registered Agent	nd agree to act in this capacity e proper and complete perform y position as registered agent o merely reflect a change in the pany has been notified in writt	o. I further agree to nance of my duties, as provided for in registered office ng of this change.

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