L 08000062378

(Re	equestor's Name)	_
(Ac	ddress)	
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(OV	idiess)	
(Ci	ty/State/Zip/Phone	÷#)
_	_	
PICK-UP	MAIT	MAIL
(Ri	usiness Entity Nam	ne)
(5)	Isiness Emily (van	10)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
	·	
Special Instructions to	Filing Officer:	
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Office Use Only

B. KOHR

JUL - 8 2011

EXAMINER



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07/06/11--01018--008 **25.00

SECRETARY OF STATE STUDES OF CORPORATIONS

COVER LETTER

TO:	_	ation Section of Corpo								
SUBJ	ECT: _	Three		Constr						9
]	Name of L	_imite	d Liab	ility (Company		
Dear S	Sir or Ma	dam:								1 11-6
The en	nclosed R	Registered A	Agent/Re	gistered C	Office	Chang	e and	fee(s) are sub	mitted for filin	
Please	return a	ll correspoi	ndence co	oncerning	this n	natter t	o the	following:		
Sco	tt W.	Duval,	Esq.							
		Nam	e of Person			<u></u>				
Bre	nnan,	Manna 8	& Diamo	ond, P.	.L.					
		Firm	/Company							
330	l Boni	ita Bead	ch Road	d, Suit	e 10	00				
		A	ddress							
Bon	ita Sp	orings,								
		City/Stat	e and Zip C	ode						
tom	as26@c	comcast.	.net							
E-1	mail addres	s: (to be used	for future an	nual report n	otificati	on)				
For fur	rther info	rmation co	ncerning	this matte	er, ple	ase ca	11:			
Sco		Duval,			_ at (_	239)_	992-6578		
]	Name of Perso	n				Area	Code & Daytime To	elephone Number	
		T/COURIE		ESS:		M	AILII	NG ADDRESS:		
	_	tion Section					_	tion Section		
		of Corpora	tions					of Corporation:	S	
	Clifton I	Building ecutive Cen	Ann Olivele					x 6327	114	
		ecutive Cen see, Florida				1 8	шапаѕ	ssee, Florida 323	14	
	Enclose	ed is a chec	k for the	e followin	ıg am	ount:				
J	VV \$25 I	Eiling Foo				<u></u>	55 D:	ling Foo & Car	tified Conv	

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:Three Pal	ms Construction,	LLC
2. (a) Principal office address of limited liability company:	:	
(Note: MUST BE STREET ADDRESS)	28673 San Lucas	Lane. #102
(INNE. MODI BE SINGEI MODILEGE)	Bonita Springs,	
(b) Mailing address of limited liability company:		
		- "300
(Note: MAY BE POST OFFICE BOX)	28673 San Lucas Bonita Springs,	
	_BOILTER SPITINGS,	FII 34433
6/25/2008	L08000062378	- 1 TETE -
3. Date of filing/registration in Florida 4	1. Document number	一 强型
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida D	ept. of State:
		是 68.5
Registered Agent:	Tamela Mona	ِ اِنْ اِنْ اِنْ اِنْ اِنْ اِنْ اِنْ اِن
Registered Office Address:	_28673 San Lucas_	Lane, #802 3
	Bonita Springs,	FL 34135
		-
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office addre	ess:
	Thomas Andrea	_
NEW Registered Agent:	THOMas Andrea	
NEW Registered Office Address:	1190 26th Avenue North	
(MUST BE FLORIDA STREET ADDRESS)	Naples	,FL 34103
	_	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo	orida street address of the r	registered office
and the business office of the registered agent will be identic	cal. Or, in the case of a Floward	orida limited
of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	vise provided in the article	s of organization
or the operating agreement of the limited liability company.		
Signature of a member or authorized representative of a member		
Thomas Andrea		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj and I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, Thereby equifirm that the limited liability company	ree to act in this capacity. per and complete perform	I further agree to ance of my duties.
and I am familiar with and accept the obligations of my post Chapter 608 F.S. Or if this document is being filed to mer	ition as registered agent a. elv reflect a change in the	s providéd for in registered office
address, Hereby confirm that the limited liability company	has been notified in writin	g of this chänge.
Signature of Registered Agent		
Thomas Andrea	5 m 11 1 27 0404	
Division of Corporations, P.O. Box 632		}

FILING FEE: \$25.00

INHS18 (05/08)