108000065183

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
Office Use Only		



300138744223

12/15/08--01014--021 **25.00 ...

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DEC 15 AM N: 56

M. THOMAS

DEC 16 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
277 Island of Corporations		
SUBJECT: WJP CUSTOM WOODW	VORK, LLC	Œ
	of Limited Liability Company)	
,		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
		0
WILLIAM J PENDER		OB DEC 13
(Name of Person)		
		THE OF THE PERSON OF THE PERSO
WJP CUSTOM WOODWORK, LLC		ST OF
(Firm/Company)		SEE
		Šu.
216 S LAKE PLEASANT ROAD (Address)		
(Address)		
APOPKA, FL 32703		
(City/State and Zip Code)		
	•	
For further information concerning this matter	er, please call:	
WILLIAM J PENDER	at (407) _466-5662	_
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, Pionua 32314	
Enclosed is a check for the following	g amount:	

□ \$55 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.

1. Na	me of the limited liability company: WJP CUSTO	DM WOODWORK, LLC	Đ
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 216 S LAKE PLEASANT ROAD APOPKA FL 32703	## ## ##
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	216 S LAKE PLEASANT ROAD APOPKA FL 32703	0 0
JULY	2008	L08000065183	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:	
	Registered Agent:	HELEN PENDER	
	Registered Office Address:	HELEN PENDER 216 S LAKE PLEASANT ROAD APOPKA FL 32703 V Registered Office address: WILLIAM J PENDER	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	الة الج
	NEW Registered Agent:	WILLIAM J PENDER	Œ E
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	216 S LAKE PLEASANT ROAD APOPKA,FL 32703	
that af office hereby liabili limite	limited liability company is not organized under the liter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	t address of the registered office and the business ase of a Florida limited liability company, it is y an affirmative vote of the members of the limite	
	AM J PENDER I or typed name of signee)	<u>-</u>	
compl am fai F.S. (confir	why accept the appointment as registered agent and a y with the provisions of all statutes relative to the provision with and accept the obligations of my position or, if this document is being filed to merely reflect a company has been notified the limited liability company has been notified the control of Registered Agent)	gree to act in this capacity. I further agree to per and complete performance of my duties, and it as registered agent as provided for in Chapter 608 hange in the registered office address, I hereby in writing of this change.	<u>r</u> 8,

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