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	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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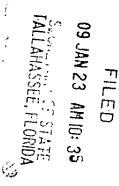
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B. KOHR

JAN 26 2009

EXAMINER



COVER LETTER

Division of Corporations SUBJECT: WJP CUSTOM WOODWORK, LLC (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: WILLIAM J. PENDER (Name of Person) WJP CUSTOM WOODWORK, LLC (Firm/Company) 216 S. LAKE PLEASANT ROAD (Address) APOPKA, FL 32703 (City/State and Zip Code) For further information concerning this matter, please call: WILLIAM J. PENDER (Area Code & Daytime Telephone Number) (Name of Person) **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

\$55 Filing Fee & Certified Copy

✓ \$25 Filing Fee

Registration Section

TO:



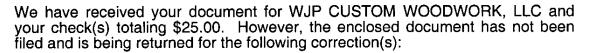
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2009

WILLIAM J. PENDER WJP CUSTOM WOODWORK, LLC 216 S. LAKE PLEASANT ROAD APOPKA, FL 32703

SUBJECT: WJP CUSTOM WOODWORK, LLC

Ref. Number: L08000065183



This form requires TWO signatures. The new Registered Agent must sign. And a member or authorized representative of a member of the company must also sign.

In the case of this company, it would be acceptable for William J. Pender to sign in BOTH places.

Please note that we have RETAINED your \$25.00 payment, and this payment will be applied to your filing when it is returned.

A self-addressed envelope is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Letter Number: 509A00000755

Buck Kohr Regulatory Specialist II



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR TIME 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: WJP_CUSTOM	WOODWORK, LLC		
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: 216 S. LAKE PLEASANT ROAD APOPKA FL 32703	0 0 0	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	216 S. LAKE PLEASANT ROAD APOPKA FL 32703 FL 32703 FL 32703	⊕ ⊕	
JULY 2008	100000000000 M		
	4. Document number		
5. (a) Registered Agent and Registered Office shown on			
Registered Agent:	HELEN C. PENDER		
Registered Office Address:	216 S. LAKE PLEASANT ROAD APOPKA FL 32703	8	
(b) Enter name of NEW Registered Agent and/or NEW			
NEW Registered Agent:	WILLIAM J. PENDER		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	216 S. LAKE PLEASANT ROAD APOPKA FL 32703 ,FL		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or arthorized representative of a member)			
WILLIAM J. PENDER (Printed or typed name of signee)	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	gree to act in this capacity. I further agree to oper and complete performance of my duties, and as registered agent as provided for in Chapter 60 change in the registered office address, I hereby I in writing of this change.	! 8,	

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