L08 000068979

(Requestor's Name)		
(Address)		
(Ad	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER .

Division of Corporations	
SUBJECT: Broede	ell Construction LLC
Name of Lim	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Frank Broedell III Name of Person	
Name of Person	•
Broedell Construction LLC	
Firm/Company	
9082 S E Pomona St	
Address	
Hobe Sound, FI 33455	
City/State and Zip Code	
broedellconstruction@yahoo.cor E-mail address: (to be used for future annual report notif	n fication)
For further information concerning this matter,	please call:
Frank Broedell III	at (561) 262-2887
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassec, Florida 32301	
Enclosed is a check for the following	amount:
\$25 Filing Fee	\$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.

Name of the limited liability company:	Broedell Construction LLC		
2. (a) Principal office address of limited liability compa	ny: 9082 S E Pomona St		
(Note: MUST BE STREET ADDRESS)	Hobe Sound FI 33455		
(b) Mailing address of limited liability company:	9082 S E Pomona St		
(Note: MAY BE POST OFFICE BOX)	Hobe Sound FI 33455		
01/17/12 3. Date of filing/registration in Florida	L08000068979 2 2 4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Marcey S Broedell		
Registered Office Address:	9082 S E Pomona St Hobe Sound Fl 33455		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Frank Broedell III		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9082 S E Pomona St		
	Hobe Sound ,FL 33455		
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 authorized representative of a member	_		
FRANK SLOEDE!/ TTT Printed or typed name of signee	<u> </u>		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability compand	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office inv has been notified in writing of this change.		

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

Signature Registered Agent