L08000069417

. (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO:	O: Registration Section Division of Corporations						
	, , , , , , , , , , , , , , , , , , ,						
SUBJ	ECT:	SERCON CO	NSTRUCTIO	ON, LLC.			
		Name of Limite	d Liability Comp	pany			
Dear S	Sir or Madam:						
The en	nclosed Registered Agent/	Registered Office	Change and fee(s) are submitted for filing.			
Please	return all correspondence	concerning this r	natter to the follo	wing:			
	.						
	Kevin Sero Name of Pers		<u> </u>				
	SERCON CONSTR	UCTION, LLC.					
	Firm/Compar						
	1290 Barber	Street					
	Address						
	Sahaatia	, EI					
	Sebastia City/State and Zi						
	kevin.serdynski@serco mail address: (to be used for future	nconstruction.co	om				
For fur	ther information concerni	ng this matter, ple	ease call:				
	Kevin Serdynski Name of Person	at (_	772)	370-1616 & Daytime Telephone Number			
				•			
	STREET/COURIER ADI Registration Section	DRESS:	MAILING ADDRESS:				
	Division of Corporations		Registration Section Division of Corporations				
	Clifton Building		P.O. Box 6327				
	2661 Executive Center Circ	le	Tallahassee, Florida 32314				
	Tallahassee, Florida 32301		i animiassoo, i	TOTAL CONTRACT TO			
Enclosed is a check for the following amount:							
1	\$25 Filing Fee	-	S55 Filing	Fee & Certified Copy			
L L	A 423 1 ming 1 cc			rocae Continua 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. N	lame of the limited liability company:	SERCON	ON CONSTRUCTION, LLC.				
2. (a) Principal office address of limited liability cor	mpany:	1290 E	Barber Street			
	(Note: MUST BE STREET ADDRESS)	Seba	astian, Fl 32958	18 = 1			
(1	b) Mailing address of limited liability company:		1290 Barber S	treating F			
	(Note: MAY BE POST OFFICE BOX)	Seba	stian, Fl 32958	SEPON IN CO			
	July 18, 2008		L080000	FSI = 694 7 8			
3. E	ate of filing/registration in Florida	4. Do	cument number	Pri N			
5. (a) Registered Agent and Registered Office show Registered Agent: 	vn on the rec ンパフe4	ords of the Florida	Dept. of State: Poration Agents, DRPORATION AGE	, juc		
	Registered Agent.			_			
Registered Office Address: 320 S. Flamingo Road Pembroke Pines, Fl 33027							
	 Enter name of <u>NEW Registered Agent</u> and/o <u>NEW</u> Registered Agent: 		n Serdynski				
	NEW Registered Agent: NEW Registered Office Address:						
	MUST BE FLORIDA STREET ADDRESS	<u> </u>		TIT 00050	- -		
		Seba	ıstian	,FL <u>32958</u>			
conf and liabi of th or th	e limited liability company is not organized unde irmed that after the change or changes are made, the business office of the registered agent will be lity company, it is hereby confirmed that the chare members of the limited liability company or as e operating agreement of the limited liability confirmed.	the Florida s identical. C nge(s) was/w otherwise p	the State of Floric street address of the or, in the case of a vere authorized by rovided in the artic	da, it is hereby e registered office Florida limited an affirmative vote cles of organization			
Signa	ure of a member or authorized representative of a member						
K c	evi'n Serdingk,' d or typed name of signee						
	reby accept the appointment as registered agent ply with the provisions of all statutes relative to t I am familiar with and accept the obligations of i oter 608, F.S. Or, if this document is being filed ess, I hereby configm that the limited liability co	and agree to he proper an my position o to merely re mpany has b	act in this capaci ad complete perfor is registered agent lect a change in the een notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.			

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

Signature of Registered Agent