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(R	equestor's Name)	
(A	ddress)	
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SECRETARY OF STATE
AND AMASSEE, FLORIDA

* COVER LETTER

Division of Corporations			
	ATION SPECIALISTS, LLC		
Name of Limited	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
DONALD BRUCE			
Name of Person			
FLORIDA MODIFICATION SPECIALISTS,	ПС		
Firm/Company			
4303 GENERAL HOWARD DRIVE			
Address			
CLEARWATER, FL 33762			
City/State and Zip Code			
SUEBRUCERN@YAHOO.COM E-mail address: (to be used for future annual report notification			
E-mail address: (to be used for future annual report notification	n)		
For further information concerning this matter, plea	se call:		
DONALD BRUCE at (386) 986-8451		
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		
Tallahassee, 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.

1. Name of the limited liability company: FLORIDA N	MODIFICATION SPECIALISTS, LLC
2. (a) Principal office address of limited liability company	4303 GENERAL HOWARD DRIVE
(<u>Note: MUST BE STREET ADDRESS</u>)	CLEARWATER, FL 33762
(b) Mailing address of limited liability company:	4303 GENERAL HOWARD DRIVE
(Note: MAY BE POST OFFICE BOX)	CLEARWATER, FL 33762
lan 09, 2010	L08000070082
Jan 08, 2010 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	mg Z O
Registered Agent:	SUSAN F BRUCE
Registered Office Address:	4303 GENERAL HOWARD DRIVE CLEARWATER, FL 33762
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	W Registered Office address: DONALD BRUCE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4303 GENERAL HOWARD DRIVE CLEARWATER, FL 33762
(MUST BE FLORIDA STREET ADDRESS)	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	
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 proving and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	