## 1080000 80259

| (Requestor's Name)                      |  |  |
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| (Address)                               |  |  |
| •                                       |  |  |
| (Address)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
| _                                       |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
|   |  |  |
| Special Instructions to Filing Officer: |  |  |
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Office Use Only

108-80259



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ZOOD JUL 17 AM ID: 35
SECRETARY OF STATE

M. THOMAS

JUL 2 0 2009

EXAMINER

## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: 6TPhil Pott Construction 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:  |
| Joseph 6 Philps H  GT Philps H Constructor  Firm/Company  6400 Tower Drive  Address  Hudson F1. 34667  City/State and up Code  Thilps H O Yahoo, Com  E-mail address: (to be sed for future annual export notification)      |
|  |
| For further information concerning this matter, please call:   |
| Area Code & Daytime Telephone Number   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

\$55 Filing Fee & Certified Copy

INHS18 (5/08)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.   | 508, Florida Statutes, the undersigned limited er to change its registered office or registered  |  |
|---|--|--|
| 1. Name of the limited liability company:   | Phil Pott Construction La  |  |
| 2. (a) Principal office address of limited liability company  | y: 6400 tower Drive  |  |
| (Note: MUST BE STREET ADDRESS)  | Huasin, 1-1, 34667   |  |
| (b) Mailing address of limited liability company:   | 6400 tower DRNE  |  |
| (Note: MAY BE POST OFFICE BOX)  | Hudson 1 34667   |  |
| 3. Date of filing/registration in Florida   | <u>LO800080259</u> 4. Document number  |  |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: ,   |  |  |
| Registered Agent:   | CORPORATION SERVERE COMPA  |  |
| Registered Office Address:  | 1201 HAUS Street<br>Fallahasee, FI. 32301 US   |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  |  |  |
| NEW Registered Agent:   | JOSEPH GPRICTIF  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | Juas M 1346  |  |
| If the limited liability company is not organized under the laws of the State of Florida, it is better 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 of the operating agreement of the limited liability company. |  |  |
| Signature of a member or authorized representative of a member  | _  |  |
| TERRY Philpott 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 prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company Signature of Registered Agent   | agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change. |  |

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

INHS18 (05/08)