## 20800011450

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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



T. HAMPTON

DEC 2 8 2009

**EXAMINER** 

## **COVER LETTER** 33

Division of Corporations	
SUBJECT: Nouveau Co	nstruction Management, LLC
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Mickey Platt	
Name of Person	
Nouveau Construction Managemen	nt, LLC
26 Manaderley Lane Address	, , , , , , , , , , , , , , , , , , ,
Ormond Beach Florida 32174 City/State and Zip Code	4
mickey_platt693@msn.com E-mail address: (to be used for future annual report no	tification)
For further information concerning this matte	r, please call:
Mickey Platt	at (386_) 366-1495
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 DEC 24 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 1, 2009

MICKEY PRATT 26 MANADERLEY LN ORMOND BEACH, FL 32174

SUBJECT: NOUVEAU CONSTRUCTION MANAGEMENT, LLC

Ref. Number: L08000111450

We have received your document for NOUVEAU CONSTRUCTION MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00036843

## 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:Nouveau	Construction Management,LLC.	
2. (a) Principal office address of limited liability company	26 Manderley Lane	
(Note: MUST BE STREET ADDRESS)	Ormond Beach, Florida 32174	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Corporation Service company	
Registered Office Address:	1201 Hays Street Tallahassee, Fl. 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:	
NEW Registered Agent:	Mickey Platt	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	26 Manderley  Ormond Beach. ,FL32174	
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 affirmation 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.  Mickey Platt  Printed or typed name of signee  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filled to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		
Signature of Registered Agent		

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