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SECRETARY OF STATE

B. BOSTICK
FEB 1 7 2011
EXAMINER

COVER LETTER

Division of Corporations DC Hall Trucking LLC **SUBJECT:** 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: David Hall Name of Person DC Hall Trucking LLC Firm/Company 9900 S. Palomino Tri Address Floral City, FL 34436 City/State and Zip Code dchall@centurylink.net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Hall 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

TO:

Registration Section

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:	DC Hall Trucking LLC	
2. (a) Principal office address of limited liability company	29020 Forbes ST	
(Note: MUST BE STREET ADDRESS)	Nobleton, Fl 34661	
(b) Mailing address of limited liability company:	PO Box 204	
(Note: MAY BE POST OFFICE BOX)	Nobleton, Fl 34661	
02-14-11	L08000115359	
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:	David Hall	
Registered Office Address:	29020 Forbes St ## ## ##	
	Nobleton, FI 34661	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9900 S. Palomino Trl	
	Floral City ,FL 34436	
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 David C Hall 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 filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.		

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

Signature of Registered Agent