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SECRETARY OF STATE
AND AHASSEE. FLORIDA

T. CLINE

MAR 10 2009

**EXAMINER** 

## COVER LETTER

f Limited Liability Company)	•
TERRITOR Elability Company)	
ffice Change and fee(s) are submitted for filing.	
this matter to the following:	
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Registration Section	
i difdiassoc, i fortua 52514	
g amount:	
\$55 Filing Fee & Certified Copy	
<b>f</b>	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## 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	d liability company: <u>Design Bı</u>	uild Services	+
2. (a) Principal office	address of limited liability compa	any: 305 South Magnolia Avenue	-
(Note: MUST BE STREET ADDRESS)		Tampa, FL 33606	£
(b) Mailing addres	s of limited liability company:	305 South Magnolia Avenue	0
(Note: MAY)	<u>BE POST OFFICÉ BOX</u> )	Tampa, FL 33606	•
February 24, 2009		L09000018457	
3. Date of filing/regist	tration in Florida	4. Document number	
5. (a) Registered Age	ent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Age	ent:	Gary Suris	
Registered Off	ice Address:	14305 Farmington Blvd	
J		Tampa, FL 33625	
		DS 60	
(h) Enter name of l	NEW Registered Agent and/or N	文書 美	SACTOR D
(b) Eliter hame or i	NEW Registered Agent and/or N	NEW Registered Office address.	is a man
NEW Register	ed Agent:	ří ···	
NEW Register	ed Office Address:	305 South Magnolia Avenue	1. 3
(MUST BE FL	ORIDA STREET ADDRESS)	57. 70	
		<u>Tampa</u> ,FL_33606	
that after the change or office of the registered hereby confirmed that	r changes are made, the Florida still agent will be identical. Or, in the the change(s) was/were authorize s otherwise provided in the article	he laws of the State of Florida, it is hereby confirm reet address of the registered office and the busine e case of a Florida limited liability company, it is d by an affirmative vote of the members of the lim s of organization or the operating agreement of the	ess nited
(Signature of a member of aut	horized representative of a member)		
Gary Suris (Printed or typed name of sign	nee)	<del></del>	
I hereby accept the approvision of the provision of the limited Agents of Registered Agents (Signature of Registered Agents (Registered Agents (Re		d agree to act in this capacity. I further agree to proper and complete performance of my duties, as on as registered agent as provided for in Chapter a change in the registered office address, I hereby fied in writing of this change.	nd I : 608, y
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Division of Corporations, P.O. B	ox 6327, Tallahassee, FL 32314	

**FILING FEE: \$25.00**