L09000018457

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
: (Business Entity Name)				
(Eddiness Endy Name)				
· ·				
- (Document Number)				
Certified Copies Certificates of Status 1				
Special Instructions to Filing Officer:				
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2009 NOV -9 PM &: 50
SECRETARY OF STATE

C. LEWIS NOV 1 0 2009 EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Des	sign Build Services LLC
	Name o	f Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing
Please	return all correspondence concernir	ng this matter to the following:
	Gary Suris	
	Name of Person	
	Design Build Services	
	Firm/Company	
	2802 North Howard Aven	ue
	Address	
	Tampa, FL 33607	
	City/State and Zip Code	
E-	GSuris@DBservicesusa.c mail address: (to be used for future annual repor	om t notification)
For fu	rther information concerning this ma	atter, please call:
	Gary Suris	at (813) 254-2724
	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 32301	Tallahassee, Florida 32314
£255	Enclosed is a check for the follow	ing 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.

and the state of t	
1. Name of the limited liability company:	Design Build Services LLC
2. (a) Principal office address of limited liability compa	uny:
(Note: MUST BE STREET ADDRESS)	2802 North Howard Avenue Tampa, FL 33607
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	2802 North Howard Avenue Tampa, FL 33607
3. Date of filing/registration in Florida	1-09000018457
5. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	·
Registered Agent:	Gary Suris Zy
Registered Office Address:	305 South Magnolia Avenua Tampa, FL 33606
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address: For the second
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2802 North Howard Avenue Tampa ,FL33607
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Gary Suris	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my paper 608, F.S. Or, if this document is being filed to naddress, I hereby confirm that the limited liability company.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any 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