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COVER LETTER

*** TO:** Registration Section Division of Corporations

SUBJECT: JLS CONSTRUCTION & REMODELING SERVICES 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:

Jarles

Firm/Company

48 Grand

lermont 34711

ith 2648@earth link. Net.

For further information concerning this matter, please call:

effrey L. Snirth 352 516 at (Area Code & Davtime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Area Code & Daytime Telephone Numbe

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:



\$55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OF BOTH FOR LIMITED LIABILITY COMPANY	FICE OR REGISTERED AGENT OR
 Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ord agent, or both, in the State of Florida. 	.508, Florida Statutes, the undersigned limited der to change its registered office or registered
1. Name of the limited liability company: US Con	struction & Remodeling Services LLC
2. (a) Principal office address of limited liability compared	ny:
(<u>Note: MUST BE STREET ADDRESS</u>)	14348 Grand Hwy Clermont, R. 34711
(b) Mailing address of limited liability company:	
(<u>Note: MAY BE POST OFFICE BOX</u>)	P.O. Box 1149 Minneola, K 34755
<u>April 30 2009</u> 3. Date of filing/registration in Florida	LO9000042336 4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Jo Ann Locey Anderson
Registered Office Address:	Iaiw. Plant Street Winter Garden, FL 34787
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:
NEW Registered Agent:	Charles Brown
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14348 Grand Hwy. Clermont,
	,FL_ 347 11
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 iden liability company, it is hereby confirmed that the change(of the members of the limited liability company or as othe or the operating agreement of the limited liability compare	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affired tive vote erwise provided in the articles of organization
hallon I Sunth	

Signature of a member or authorized representative of a member

<u>settre</u> Printed or typed same 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, 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**