## L09000046721

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
(Dooument (validet)	
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

L. SELLERS

JUN 1 5 2010

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

## COVER LETTER

_	ation Section n of Corporations	
SUBJECT: _		east Fabricators, LLC
	Name of L	imited Liability Company
Dear Sir or Ma	dam:	
The enclosed R	Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return a	Il correspondence concerning	this matter to the following:
	Kristine Hedger	
	Name of Person	
	Southeast Fabricators, LLC	
	Firm/Company	
29	1 Springview Commerce D	<u>r</u>
	Address	
•	D.b. Fl 00746	
	Debary, FL 32713 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Only on the Englose	
!	khedger@southestfab.com	
E-mail addres	khedger@southestfab.com s: (to be used for future annual report no	ntification)
For further info	: rmation concerning this matte	r, please call:
K	ristine Hedger	at ( 386 ) 310-1110
1	Name of Person	Area Code & Daytime Telephone Number
STREE'	T/COURIER ADDRESS:	MAILING ADDRESS:
	tion Section	Registration Section
_	of Corporations	Division of Corporations
Clifton I	Building	P.O. Box 6327
	ecutive Center Circle	Tallahassee, Florida 32314
Tallahas	see, Florida 32301	
Enclose	ed is a check for the following	g amount:
<b> √</b> \$25 F	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. 1. Name of the limited liability company: Southeast Fabricators, LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 291 Springview Commerce Dr. Debary, FL 32713 (b) Mailing address of limited liability company: 291 Springview Commerce Dr. (Note: MAY BE POST OFFICE BOX) Debary, FL 32713 5/13/09 L09000046721 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: Applied Solar Photonics LLC Registered Agent: 291 Springview Commerce Dr. Registered Office Address: Debary, FL 32713 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: James E. Hedger, Jr. **NEW** Registered Agent: 291 Springview Commerce Dr. **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) FL 32713 Debary 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. ignature of a member or authorized representative of a member 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, I hereby confirm that the limited liability company has been notified in writing of this change. ignature of Registered Agent/

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