## L09000063105

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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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SECRETARY OF STATE
TAIL ARASSEE, FLORIDA

C. LEWIS

JUL 17 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
	N MATERIALS LLC d 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 n	natter to the following:
Robert Berger	
Bergeron Mater	rials LLC
200 Royal Oclean	ns Ct.
Dothar AL 36.  City/State and Zip Code	
E-mail address: (tobe used for future annual report notification	gnail.com
For further information concerning this matter, ple	ease call:
obert Bergeron at_	(850) 693 - 0192 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	
\$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.

Name of the limited liability company:	BERGERON MATERIALS LLC
2. (a) Principal office address of limited liability comp	pany: 200 Royal Orleans CT.
(Note: MUST BE STREET ADDRESS)	Dothan AL 36305
(b) Mailing address of limited liability company:	200 Royal Orleans CT.
(Note: MAY BE POST OFFICE BOX)	Dothan AL 36305
06/30/2009	L09000063105
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 States
Registered Agent:	United States Corporation Agents, Inc.
Registered Office Address:	13302 Winding Oaks Blvd. Suite A- 100 Tampa, FL 33612
(b) Enter name of NEW Registered Agent and/or ]	NEW Registered Office address:
NEW Registered Agent:	InCorp Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17888 67th Court North
(MCST DE LECKIDA STRUET ADDRESS)	Loxahatchee ,FL33470
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company? It is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.  Signature of a number or authorized peresentative of a member of the limited or typed name of signee.  I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608. F.S. Or, if this document is being filed to address I hereby confirm that the limited liability comp	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote therwise provided in the articles of organization pany.
Liset Robles on behalf of InCorp Service	

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

Signature of Registered Agent