## 109000071179

(Requestor's Name)		
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SECRETARY OF STATE

D. BRUCE

NOV 2 2009

EXAMINER

## **COVER LETTER**

(C): Registration Section Division of Corporations			
	Construction, 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:	-	
	Ū		
James V. Duke			
Name of Person	<del></del>		
J Duke Construction, LLC Firm/Company			
3040 NE 190th Street, 314		99 ( SEC FALL	
Miami, FL 33180 City/State and Zip Code		09 OCT 30 PM 3: 22 SECRETARY OF STATE ALLAHASSEE, FLORIDA	Ī
jduke@jdukeconstruction.com E-mail address: (to be used for future annual report notificat	ion)	3: 22 STATE FLORIDA	ţ
For further information concerning this matter, ple	ease call:		
James V Duke at (	786 ) 397-2485	,	
Name of Person	Area Code & Daytime Telephone Nun	nber	
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	ount:		
\$25 Filing Fee	<b>▼</b> \$55 Filing Fee & Certified Cop	у	

## 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:	J Duke Construction, LLC	
2. (a) Principal office address of limited liability compa	ny: 3040 NE 190th Street,314	
(Note: MUST BE STREET ADDRESS)	Miami, FL 33180	
(b) Mailing address of limited liability company:	P.O. Box 801403	
_[√] ( <u>Note: MAY BE POST OFFICE BOX</u> )	Aventura, FL 33280-1403	
07-24-09	L09000071179	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	James V Duke	
Registered Office Address:	18880 NW 57 Ave 308	
	Miami, FL 33015	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	ω <del></del>	
<u><b>NEW</b></u> Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3040 NE 190th Street, 31424 N	
	Miami ,FL33180	
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 ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization	
James V Duke	<u> </u>	
Printed or typed name of signee  Liberally against the appointment as registered agant and	d agree to get in this canacity. I further gaves to	
I hereby accept the appointment as registered agent and 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 compositions of Registered Agent	a agree to act in this capacity. I juriner agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.	
Division of Corporations, P.O. Box	6327 Tallahassaa FI 32314	
Division of Corporations, P.O. Box	UJ4/, Tahahassee, FL J2J14	

**FILING FEE: \$25.00**