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AUG -1 2013 J. BRYAN

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Ti/Con Building Systems, 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:

Anthony H. Son

Name of Person

Ti/Con Building System,Llc.

Firm/Company

1115 Pin Oak Street

Address

Hollywood, Florida 33019

City/State and Zip Code

Ticonllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony H. Son

at (80

586-0480

Name of Person

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 amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

FILED

SECRETARE DE STAT

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.

ageni, or o	ioin, in the state of Fioriaa.	
1. Name o	of the limited liability company: TVCon Building System	s, LLC.
	ncipal office address of limited liability company	1115 Pin Oak Street
(\underline{N})	(Note: MUST BE STREET ADDRESS)	Hollywood, Florida 33019
(1 > 3.4		
(b) Mai	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	115 Pin Oak Street Hollywood, Florida 33019
(· · · · · · · · · · · · · · · · · · ·	
07/29/2009		L09000072665
3. Date of	filing/registration in Florida	4. Document number
6 (a) Da	sistened A sent and Basistand Office shows an	de constitution de la constituti
5. (a) Rep	gistered Agent and Registered Office shown on	the records of the Florida Dept. of States
Reg	gistered Agent:	Anthony H. Son
Reg	gistered Office Address:	20907 Leeward CT
		Aventura, Florida 33180
NEW Registered Agent: NEW Registered Office Address:		1115 Pin Oak Street
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1115 Pin Oak Street
		Hollywood, Florida 33019
Anthony H. Son Printed or typ I hereby be comply will and I aim Chapter of address, I	ted liability company is not organized under the that after the change or changes are made, the F siness office of the registered agent will be ident impally, it is hereby confirmed that the change(s are of the limited liability company or as otherwing agreement of the limited liability company. I member of authorized representative of a member of authorized representative of a member of the appointment as registered agent and a the provisions of all statutes relative to the promition with and accept the obligations of my pool of the provision of that the limited liability company that the limited liability that the l	lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote of ise provided in the articles of organization or
S.B. Law York	Division of Corporations, P.O. Box 63 FILING FEE: S	

INHS18 (05/08)