10900088885

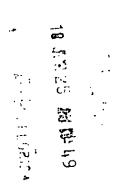
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of S	Status					
Special Instructions to Filing Officer:						

Office Use Only



000314939920

06/25 18 14/15 HIGH CAPELLY





COVER LETTER

TO: Registration Section Division of Corporations	,		
SUBJECT: ULTRA CONTRACTORS, LLC			
	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
JON MARSHALL ODEN, ESQ.			
Name of Person			
WILLIS & ODEN, PL c/o JON MARSHALL	ODEN, ES		
Firm/Company			
2121 S. HIAWASSEE RD., SUITE 116			
Address			
ORLANDO, FL 32835			
City/State and Zip Code			
ULTRACONTRACTORSLLC@GMAIL.CO	М		
E-mail address: (to be used for future annual	report notification)		
For further information concerning this matter, plea	ase call:		
JON M. ODEN, ESQ.	407 903-9939		
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 am	ount:		
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company: UL	TRA CONTI	RACTO	RS, LL	C	_	
2. (a)							_
()	Principal office address of limited liabilit (Note: MUST BE STREET ADD	ly company:	- \ ′		Mailing address of		• • •
	8310 CHERRY LAKE ROAD	<u>(1200</u>)	(<u>Note: MAY BE POST 0</u> 8310 CHERRY LAKE ROA				102 22.0
	GROVELAND, FL 34736		-	GROVELAND, PL 34736			
	9/14/2009		ı	.090000	88885		
3.	Date of filing/registration in Flo	orida	4.		Document nun	ıber	
	WALLS RONALD T						
5. (a)	Registered Agent and Registered Office shown o	n the records of th	e Florida I	Dept, of Sta	te:		
	8310 CHERRY LAKE ROAD						
	Registered Office Address (MUST BE FLOR	UDA STREET AL	DDRESS)		_	_	
					_		63
	GROVELAND	FI 3	34736			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		,,		<u>-,,</u>	_		25 1
(b)						• • •	at.
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered C	Office addi	ress:			# · ·
	WILLIS & ODEN, PL c/o JON M.	ODEN, ESC) .			, ,	\$
	NEW Registered Office Address:				_	<u>,</u>	
	2121 S. HIAWASSEE ROAD, SU	JITE 116			_		
	ORLANDO	3	32835				
		, FL			_		
the cha agent v was/we the arti	imited liability company is not organized ange or changes are made, the Florida strewill be identical. Or, in the case of a Florere authorized by an affirmative vote of the cless of organization or the operating agreement.	eet address of the rida limited liable he members of the li	he regist pility cor the limit imited lia	ered offic npany, it ted liabili ability con	te and the busine is hereby confirm ty company or a	ess office med that t	of the registered he change(s)
Signa	ture of a member or authorized representative of a	member			Printed or typed	name of sign	nec
provisi the obl to mer notified	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered age ely reflect a change in the registered office writing of this change.	and complete p ent as provided	erforma. for in Ci	nce of my hapter 60	rduties, and Lan 95. F.S. Or. if the	n familiar is docume	with and accep- nt is being filed