Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000101574 3)))



To:	Division of Corporations Fax Number : (850)617-6383	Please re	RE-SUBMIT*			
From:	: Account Name : C T CORPORATION Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368	averdate of	*RE-SUBMIT* Please retain original and a submission			
	the email address for this business mual report mailings. Enter only on	entity to be use	d for future			
Em	mail Address:					
	LLC REGISTERED AGE	NT CHANGE				
	LLC REGISTERED AGE LK CONSTRUCTION Certificate of Status	· · · · · · -	Artn. Kar			
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FLORIDA	LK CONSTRUCTION Certificate of Status Certified Copy	ON LLC 0 0	Arthi Kar Saly			

4/28/2016 3:06:26 PM From: To: 8506176383(2/4)

850-617-6381

4/26/2016 10:07:10 AM PAGE 1/001 Fax Server



April 26, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

LK CONSTRUCTION LLC PO BOX 40606 JACKSONVILLE, FL 32203US

SUBJECT: LK CONSTRUCTION LLC

REF: L09000090611

RE-SUBMIT Please retain original filing date of submission 4/25

We have received your document for LK CONSTRUCTION LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Salv Regulatory Specialist II FAX Aud. #: H16000101574 Letter Number: 816A00008545

COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	LK CONSTRUCTION LLC		
	Nam	e of Limited	Liability Company
Dear Sir or N	Aadam:		
The enclosed	l Registered Agent/Registered Offi	ice Change at	nd fee(s) are submitted for filing.
Please return	all correspondence concerning the	is matter to th	he following:
Tammy Tofte	roo		
	Name of Person		
C T Corporati	on		
	Firm/Company		
3 Winners Cir	rele. Suite 301		
	Address		
	71001001		
Albany, NY I	2205		
	City/State and Zip Code		
mbrown@rtla	w.com		
E-mail	address: (to be used for future ann	ual report not	tification)
For further in	formation concerning this matter,	please call:	
Tammy Tofter	roo	844 at (477-4098
	Name of Person	\	Area Code & Daytime Telephone Number
STR	EET/COURIER ADDRESS:	N	MAILING ADDRESS:
	stration Section		Registration Section
	ion of Corporations		Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle hassee, Florida 32301	Т	Fallahassee, Florida 32314
Encl	osed is a check for the following	amount:	
□ \$2	5 Filing Fee	<u> </u>	\$55 Filing Fee & Certified Copy
INHS18 (2/14))		

4/28/2016 3:06:26 PM From: To: 8506176383(4/4)

C . . .

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.

		{b)				
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 40606			
	1357 W BEAVER ST		PO BOX 4				
	JACKSONVILLE, FL 32203		THOUGONIEST TO THE BROWN				
	09/18/2009		L090000906	11			
3,	Date of filing/registration in Florida	4.	 _	Documen	t number		
i. (a)							
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			:			
	PEEK, DAVID H						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	1301 RIVERPLACE BLVD #1500						
	JACKSONVILLE , FL	32207			,) : 6	123	
					ΞĠ	3182	t at Digwoods
(b)	Enter name of NEW Registered Agent and/or NEW Registered				亚斯	1 52	11
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		SSA	i V	7
	C.T. Comparation Supram				ETARY OF STATE HASSEE, FLORIDA	U	m
	C T Corporation System				S S	\triangleright	
	NEW Registered Office Address:				OR!		
	1200 South Pine Island Road				DE A	90	
	Plantation	33324					
	, FL		 .				_
he cha gent v vas/we he arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited line ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the the the regis ability confithe limited	tered office mpany, it is ted liability	and the b hereby company company	onfirmed	ffice of that the	the regist
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00