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



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COVER LETTER

Division of Corporation	ns
SUBJECT:	W. C. Constructors, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agen	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
Rex E. Mou	
Name of Po	rson
Nash, Moule & I	
440 South Bat Address	ocock Street
Melbourne, City/State and Z	
katie@nmk E-mail address: (to be used for futu	-law.com
For further information concert	
Kay Stanley	at (321) 984-2440
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 rcle Tallahassee, Florida 32314
Enclosed is a check for	the following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO: Registration Section

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:	W. C. Constructors, LLC		
2. (a) Principal office address of limited liability compan	y: 12700 E. Irlo Bronson Hwy		
(Note: MUST BE STREET ADDRESS)	St. Cloud, FL. 34773		
(b) Mailing address of limited liability company:	12700 E. Irlo Bronson Hwy		
(Note: MAY BE POST OFFICE BOX)	St. Cloud, FL 34773		
October 9, 2009	L09000098212		
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 State:		
Registered Agent:	Rex E. Moule, Esq.		
Registered Office Address:	Nash, Moule & Kromash, LLP 440 S. Babcock Street 66 Melbourne, FL 32901		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
<u>NEW</u> Registered Agent:	Charles I. Nash		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Nash, Moule & Kromash, LLR AND		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member			
Ronald C. Arnold Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent			
Charles Ian Nash Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18 (05/08)