L09000118150

| (Requestor's Name) | | | | |
|--|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: L. SELLERS AUG 2 5, 2010 | | | | |
| EXAMINER | | | | |

Office Use Only



300184518873

08/23/10--01010--012 **25.00

10 AUG 23 AM 10: 42 SECRETARY OF STATE MALILAHASSEE, FLORIDA

COVER LETTER

| Division of Corpor | ations | | | |
|--|--|-----------------|----------------------|---|
| SUBJECT: | Cons | struction (| Careers LLC | |
| | | · | ility Company | |
| Dear Sir or Madam: | | | | |
| en i in in i | | > 0° 01 | 16 () | 1 1/2 1.0 011 |
| The enclosed Registered A | igent/Registered (| Office Chang | ge and fee(s) are si | ibmitted for filing. |
| Please return all correspor | dence concerning | this matter t | to the following: | |
| Matthe | w Giacomino | | | |
| | e of Person | | | |
| | ion Careers LLC | | <u>.</u> | |
| Firm. | /Company | | | |
| * * * | Cross Lane apt#1 | 105 | | |
| Ac | idiess | | | |
| | Beach 33436 | | | |
| City/Stat | e and Zip Code | | | |
| mattgia E-mail address: (to be used f | c@yahoo.com or future annual report r | notification) | | |
| For further information co | ncerning this matt | er, please ca | 11: | |
| Matthew Giad | comino | at (561 | , | 706-8630 |
| Name of Perso | | at (<u>561</u> | Area Code & Daytim | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| STREET/COURIE | R ADDRESS: | M | AILING ADDRE | SS: |
| Registration Section | | | egistration Section | |
| Division of Corpora | | | ivision of Corporati | ons |
| Clifton Building | | | O. Box 6327 | |
| 2661 Executive Cen | ter Circle | | allahassee, Florida | 32314 |
| Tallahassee, Florida | | • | | • |
| Enclosed is a chec | k for the following | ng amount: | | |
| \$25 Filing Fee | | | 555 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: | Construction Careers LLC | | |
|--|--|--|--|
| 2. (a) Principal office address of limited liability company | 6 Southern Cross Lane Apt#105 | | |
| (Note: MUST BE STREET ADDRESS) | Boynton Beach FL, 33436 | | |
| (b) Mailing address of limited liability company: | 6 Southern Cross Lane Apt#105 | | |
| (Note: MAY BE POST OFFICE BOX) | Boynton Beach FL, 33436 | | |
| December 11, 2009 | L09000118150 | | |
| | 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | | |
| Registered Agent: | Matthew Giacomino | | |
| Registered Office Address: | P.O. Box 551 Boynton Beach FL, 33425 | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS) | Matthew Giacomino 6 Southern Cross Lane Apt#105 | | |
| | Boynton Beach ,FL 33436 | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Matthew Giacomino Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 008, F.S. Or, if this document is being filed to me address, Thereby confirm that the United liability company | was/were authorized by an arminative vote wise provided in the articles of organization of the second of the secon | | |

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314