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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Meeks Building Group, 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:

William M. Meeks

Name of Person

Meeks Building Group, LLC

Firm/Company

17035 Porta Vecchio Way #101

Address

Naples, FI 34110

City/State and Zip Code

wmmeeks@msn.com

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

For further information concerning this matter, please call:

William M. Meeks

_{at (}239

209-6150

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

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.

1. Na	me of the limited liability company: Meeks BuildingGroup, L	ıc		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	17035 Porta Vecchio Way # 101 /65 3 Neples, FL 34110	6 CELLIN, LAND	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	17033 Porta Vecchio Way # 101 /6 5. Naples, FL 34110	36 CELLÍO LA	
2/24/10		L10000020960		
	te 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:	Willam M Meeks	<u></u>	
	Registered Office Address:	16536 Cellini Lane Naples, FL 34110		
	NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	17035 Porta Vecchio Way # 101	.FL 34110	
confinand the liabilithe m	limited liability company is not organized under the lamed that after the change or changes are made, the Flate business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise perating agreement of the limited liability company.	orida street address of the regi	is hereby istered office	
I here compound I Chap addre	M. Mooks I or typed name of signee Leby accept the appointment as registered agent and a leby with the provisions of all statutes relative to the provision and accept the obligations of my poster 608, F.S. Or, if this document is being filed to mease, I hereby confirm that the limited liability company are of Registered Agent	gree to act in this capacity. I per and complete performance sition as registered agent as perfect a change in the region has been notified in writing of	further agree to se of my duties, rovided for in gistered office of this chänge.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00