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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Cole Additions and Remodeling, 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:

Bruce Cole

Name of Person

Cole Additions and Remodeling

Firm/Company

709 Riverbend Blvd

Address

Longwood, FL 32779-2328

City/State and Zip Code

Bcolehome@bellsouth.net

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

For further information concerning this matter, please call:

Bruce Cole

 $_{at}$ 407

709-1282

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. Name of the limited liability company: Cole Additions and	Remodeling, LLC		
2. (a) Principal office address of limited liability compa	oner 1563 Carrington Ava		
(Note: MUST BE STREET ADDRESS)	Winter Springs, FL 32708-6130		
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42.24		第四	
(b) Mailing address of limited liability company:	1563 Carrington Ave	- 	
(Note: MAY BE POST OFFICE BOX)	Winter Springs, FL 32708-6130		
		2 U	
April 14,2010	L10000040279	133	
3. Date of filing/registration in Florida	4. Document number	RIBA	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida	Dept. of State:	
Registered Agent:	Bruce C. Cole		
Registered Office Address:	1563 Carrington Ave		
Registered Office Address.	Winter Springs, FL 32708-6130		
NEW Registered Agent:			
NEW Registered Office Address:	709 Riverbend Blvd		
(MUST BE FLORIDA STREET ADDRESS)			
	Longwood	FL 32779-2328	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the entical. Or, in the case of a Fe(s) was/were authorized by a rwise provided in the articles	registered office Florida limited	
•			
Bruce C. Cole Printed or typed name of signee			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or fifth that the limited liability companders of thereby confirm that the limited liability comp	d agree to act in this capacit proper and complete perfort position as registered agent merely reflect a change in th any has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.	

Signature of Registered Agent