## L10000076109

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



000187942480

12/02/10--01022--018 \*\*25.00

BIVISION OF CORPORATION

T. HAMPTON
DEC - 3 2010
EXAMPLE

· ( )

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Taking to Constitution Name of Limited	ction & Consulting LLC.	
Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Clint Miller		
Name of Person		
Intinipro lonstruction +	consulting	
гип/сонран <b>у</b>	,	
14398 millhopper (d.		
Addrèss		
City/State and Zip Code		
City/State and Zip Code		
Clint Miller 75 @ grant. con	$\wedge$	
E-mail address: (to be used for future annual report notification	n)	
For further information concerning this matter, plea	se call:	
Click Miller at a	104, 334-8930	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, riorida 32314	
Enclosed is a check for the following amount	unt:	
\$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.

agent, or voin, in the state of Fioriaa.	
1. Name of the limited liability company: \( \text{\text{Limited}} \)	Construction and Consulting, 22C
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	14398 Millhopper rd.
(b) Mailing address of limited liability company:	14398 millhopper Cd.
(Note: MAY BE POST OFFICE BOX)	Jax, Fr. 32258
07/20/2010	L10000076109
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on Registered Agent: Registered Office Address:	the records of the Florida Dept. of State:  Shellies Miller  14398 Millhopper rd.
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE'</u> <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Clint Miller 14398 millhopper cd.
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 identified 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  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 an accept the obligations of my pool Chapter 608. F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative where rwise provided in the articles of organization of the conformation of t
Signature of Registered Agent	

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

🖈 درشمو ۱