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D. BRUCE

MAR 20 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Southeastern Metals Supply LLC Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/F	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Christian E	
Name of Person	n
Southeastern Metal Firm/Compan	
4290 U. S. I	See 1
Rockledge, F	_ 32955 _ 32955
southeasternmetalssup E-mail address: (to be used for future	oly@hotmail.com annual report notification)
For further information concerning	g this matter, please call:
Christian Boyett Name of Person	at (863) 255-8189 Area Code & Daytime Telephone Number
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for t	ne 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.

Name of the limited liability company:	utheastern Metals Supr	oly LLC
2. (a) Principal office address of limited liability compar	• •	•
(Note: MUST BE STREET ADDRESS)	Rockledge, FL 32955	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
11-22-2010	L100001214	39
3. Date of filing/registration in Florida5. (a) Registered Agent and Registered Office shown on	4. Document number	unt of States
Registered Agent:		•
Registered Office Address:	Christian A Boyett 2360 Clark Street Unit Apopka, FL 32731	S A T
	Apopka, FL 32731	
(b) Enter name of NEW Registered Agent and/or NE	Verification of the contract o	
NEW Registered Agent:	77: 	09
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4290 U.S. Hwy 1	
	Rockledge	,FL <u>32955</u>
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 iden 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	Florida street address of the re tical. Or, in the case of a Flor b) was/were authorized by an a rwise provided in the articles	gistered office rida limited affirmative vote
Christian A Boyett 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 pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I oper and complete performan sition as registered agent as p rely reflect a change in the re y has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.

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

Signature of Registered Agent