## 11000006097

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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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B. BOSTICK

JAN 27 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: PREMER BUJ Name of Limite	UDING PRODUCTS ed Liability Company	122	<u>C</u>		
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for	or filing			
Please return all correspondence concerning this r	natter to the following:				
ALLEN WENDLIN Name of Person	W_				
PREMIER BUILDIN	16 PRODUCTS				
15510 FENTRESS Address	CT.	TALLAH	12 JA		
TAMPA FL 33647  City/State and Zip Code  TAMPA FL 33647				TITE FRANCE 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
ACWEND @ AOL · COM  E-mail address: (to be used for future annual report notification)			* 114		
For further information concerning this matter, please call:					
ALLEN WENDLING at (	8/3 431-9421  Area Code & Daytime Telephone N	Number	<del></del>		
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 am					
\$25 Filing Fee	\$55 Filing Fee & Certified Co	opy			

## 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:	IER BUILDING PRODUCTS, L
2. (a)	Principal office address of limited liability company	
	(Note: MUST BE STREET ADDRESS)	Suite 162 TAMPA, FL 33618
(b)	Mailing address of limited liability company:	13014 N. DALE MABRY
	(Note: MAY BE POST OFFICE BOX)	13014 N. DALE MABRY SUITE 162 TAMPA-FL 33618
	1/24/11	L 11000006097
3. Da	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:	LASMAN, JEFFREY M.
	Registered Office Address:	1560 W. CLEVELAND ST.
		TAMPA, FL 33606
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:
*	NEW Registered Agent:	ALLEN WENDLING
*	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15510 FENTRESS CT.  TAMPA ,FL 23647
confir and th liabilit of the or the	limited liability company is not organized under the lead that after the change or changes are made, the Flee business office of the registered agent will be ident by company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signatur	e of a member or authorized representative of a member	
	THEN E. WENDLING or typed name of signee	TATE ORRIBO
I here compl and I i Chapte addres	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signatu	re of Registered Agent	

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