## L/1000111548

(Requestor's Name)					
(Address)					
(Address)					
(City	/State/Zip/Phon	e #)			
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14 JUN 12 FM 10: 3h

C. LEWIS

JUN 2 5 2014

EXAMINER

## **COVER LETTER**

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	SUNSET CONSTRUCTION CLEANUP LLC					
SCHOLET.		e of Limited	Liability Company			
Dear Sir or N	Madam:					
The enclosed	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return	all correspondence concerning the	is matter to th	e following:			
DEBBIE L	IPSCOMB					
<del></del>	Name of Person		<del></del>			
SUNSET	CONSTRUCTION CLEANUP	LLC				
<u></u>	Firm/Company					
8987 SUN	ISET DR					
· · ·	Address					
NAVARR	E FL 32566					
	City/State and Zip Code					
DEBBIEL	PSCOMB 60@YAHOO.COM	1				
E-mail	address: (to be used for future ann	ual report not	ification)			
For further is	nformation concerning this matter,	please call:				
DEBBIE L	IPSCOMB	850 at (	5857478			
	Name of Person	_ *** (	Area Code & Daytime Telephone Numbe			
	REET/COURIER ADDRESS:		IAILING ADDRESS:			
	stration Section		egistration Section			
	sion of Corporations		Division of Corporations			
	on Building Executive Center Circle		O. Box 6327 allahassee, Florida 32314			
	ahassee, Florida 32301	'	anand5500, FIGURE 52514			
Enci	losed is a check for the following	amount:				
<b>2</b> \$2	25 Filing Fee	<b>-</b> :	\$55 Filing Fee & Certified Copy			
INHS18 (2/14	)					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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:	NSTRU	JC	CTION CLEANUP LLC
2.	(a)		(1	b)	)
	` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		8987 SUNSET DR			8987 SUNSET DR
					NAVARRE FL 32566
				L	L11000111548
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	09/27/2011			
٥.	(a)	Registered Agent and Registered Office shown on the records of	the Florid	laΓ	Dept. of State:
		CORPORATION SERVICE COMPANY			
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>S)</u>	 
		1201 HAYS STREET			1515 1515 1515 1515
		TALLAHASSEE	32301	ı	THE TARY OF STATE NO. 34 10. 34
		, , ,	·		New Conference of the Conferen
	(b)		2 AM 10: 34		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>ddr</u>	ress:
		DEBBIE LIPSCOMB			34
		NEW Registered Office Address:			<del></del>
		8987 SUNSET DR	<u>-</u>		
		NAVARRE	32566	3	
the ag wa th	e cha gent v as/we e arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Debbie Lipscomb	the regardability confitted the limited	iste con mit lia	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
	_	•	ree to ac	of i	• •
pr th to no	nere. ovisi e obl mer otifie	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	perforn d for in hereby o	nai Cl coi	ince of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
	,	Debbie Lipscomb			
Si	ignatu	re of Registered Agent			