## 071811000111

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLORID

## **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:		NTRACTING, LLC		
	Name of Limite	d Liability Company		
Dear Sir or !	Madam:			
The enclosed	d Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please return	n all correspondence concerning this n	natter to the following:		
JEFF SPRECHER CPA				
	Name of Person	<del></del>		
JEFF SPRECHER CPA P.A.				
	Firm/Company			
2804 DEL PRADO BLVD S UNIT 105				
	Address			
CAPE CORAL, FL 33904-7219				
	City/State and Zip Code			
jeff@cape-cpa.com  E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further is	nformation concerning this matter, ple	ase call:		
JE	FF SPRECHER CPA at (_	239 ) 549-8882		
	Name of Person	Area Code & Daytime Telephone Number		
STRI	EET/COURIER ADDRESS:	MAILING ADDRESS:		
	stration Section	Registration Section		
	ion of Corporations	Division of Corporations		
	on Building Executive Center Circle	P.O. Box 6327 Tallahassec, Florida 32314		
	hassee, Florida 32301	Tananassee, Piorida 52514		
Enclosed is a check for the following amount:				
\$2	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:	TITAN CONTRACTING, LLC
2. (a) Principal office address of limited liability co	ompany:
(Note: MUST BE STREET ADDRESS)	38520 STILL LN NORTH FORT MYERS, FL 33917
(b) Mailing address of limited liability company	:
(Note: MAY BE POST OFFICE BOX)	38520 STILL LN NORTH FORT MYERS, FL 33917
10/15/2011	L11000118170
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:
Registered Agent:	NATALIE BARNES
Registered Office Address:	38520 STILL LN NORTH FORT MYERS, FL 33917
(b) Enter name of <u>NEW Registered Agent</u> and/ <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	JEFF SPRECHER CPA
MOST BE TECKTON STREET NOONES.	CAPE CORAL CFL 33904-7219
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or a or the operating agreement of the limited liability considerable of a member of authorized representative of a member	the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote
NATALIE BARNES Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.
X 4441 X 4 1 /9	

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

red Agent