L12-000097817

Office Use Only



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SECRETARY OF STATE
ANALYSSEE, FLORIDA

FEB 2 4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Decks & Docks of Cape Coral, LLC

Name of Corporation

DOCUMENT NUMBER, L12000097817

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn Roberts

Name of Contact Person

Decks & Docks of Cape Coral, LLC

Firm/Company

1281 Court Street

Address

Clearwater, FL 33756

City/State and Zip Code

shawn@decks-docks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Wallace

.,727

466-9663

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 605.0114, 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: Decks & Docks of Cape	Coral, LLC				
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1281 Court St. Clearwater, FL 33756				
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
7/30/2012			L12000097817				
_			1. Document number		,		
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		Registered Agent:	Johnny W Matthews St	∑			
		Registered Office Address:	645 Commercial Park Place Cape Coral, FL 33991	ECH H	4 FEB	11	
				<u>حد من</u> ا	2		
	(b)	Enter name of NEW Registered Agent and/or NEV	V Registered Office addre	:: :ss::	PH	П	
		NEW Registered Agent:	Shawn Roberts		2:	Makan ar	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1281 Court Street				
		(INCOLUDE DE L'ESTRE L	Clearwater	,F	33756	3	
an lia th	If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a men. Or authorized representative of a member						
Pr	inted	or typed name of signee					
I co ar Ci ac	hero mpl id I hapi idre	by accept the appointment as registered agent and as y with the provisions of all statules relative to the pro am familiar with and accept the obligations of my pos er 605, F.S. Or, if this document is being filed to mer ss, I hereby confirm that the limited liability company	gree to act in this capacity. per and complete performa ition as registered agent as rely reflect a change in the i has been notified in writin	I furt ince o s prov registi g of th	her a f my d ided j ered c iis ch	gree to duties, for in office ange.	
		Signature of Registered Agent Division of Corporations, P.O. Box 632					

FILING FEE: \$25.00