

L12000138144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF ARIZONA  
CLERK OF SUPERIOR COURT

J. SAULSBERRY  
EXAMINER  
OCT 21 2013



**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. Name of the limited liability company: ANDREW BUCK CONTRACTS, LLC

2. (a) Principal office address of limited liability company: 160 E EVERGREEN AVE  
LONGWOOD  
FL 32750  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: PO BOX 521137  
LONGWOOD  
FL 32752-1137  
**(Note: MAY BE POST OFFICE BOX)**

10/04/2013

3. Date of filing/registration in Florida

L12000138144  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: ANDREW BUCK

Registered Office Address: PO BOX 162860  
ALTAMONTE SPRINGS  
FL 32716-2860

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent**: MELINDA MAGUIRE

**NEW Registered Office Address**: 160 E EVERGREEN AVE  
**(MUST BE FLORIDA STREET ADDRESS)** LONGWOOD  
FL 32750

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 member or authorized representative of a member

ANDREW BUCK

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Melinda A Maguire  
Signature of Registered Agent

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