## L13000 089 084

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(Address)					
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## COVER LETTER

TO: Registration Section Division of Corporations						
Clayton Construction and Resultation Construction and Resultation Construction and Resultation Construction and Resultation Construction Constructio	Clayton Construction and Remodeling, LLC  Name of Limited Liability Company					
Nam						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offi	ce Change and f	eets) are submitted for filing.				
Please return all correspondence concerning thi	s matter to the fo	pilowing:				
John M. Griffing						
Name of Person		_				
INTELESOFT FINANCIALS						
Firm/Company		<del>-</del>				
1973 Willa Springs Dr., Suite 2037						
Address		_				
Winter Springs, FL 32708-6625						
City 'State and Zip Code	······································	_				
support@intelesoft.com						
E-mail address: (to be used for future ann	uid report notific	canon)				
For further information concerning this matter.	ptease call:					
John M. Griffing	407 at (	71C-5400 x100				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O	HLING ADDRESS: istration Section (sion of Corporations). Box 6327 ahassee, Plorida 32314				
Enclosed is a check for the following	amount:					
☑ \$25 Filing Fee	□ \$5:	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 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.

i. N	ame of the limited liability company: Clayton Const	ructio	n and Rem	nodeling, LLC	- <del> </del>	
2. (a)	271 Springwind Way	P.O. Box 180892				
23. (11.7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Wasting address of limited I (Note: MAY BE POST O		
	Casselberry, FL 32707	-	Casselb	erry, FL 32718-089	92	
	June 20, 2013	_	L1300008	39084		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	UNITED STATES CORPORATION AGENTS	, INC				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES	<u>Si</u>	-		
	5575 S. SEMORAN BLVD SUITE 36			-	L,	
	Orlando FL	32822	2		.6107	
(b)	INTELESCET FINANCIALS					
(,,	Enter name of NEW Registered Agent and or NEW Registered C	Office ac	ldress:	•		
					T:	
	NEW December 4 (1957) and 11	<del></del> -		-	ن ن	
	NEW Registered Office Address.				<del>တ</del>	
	1073 Willa Springs Dr., Suite 2037	<del></del>		-		
	Winter Springs FL	32708	6-6625	_		
the chagent was/w	limited 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 lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	the reg bility o Ethe lir	istered office ompany, it is nited liabilit	e and the business offices hereby confirmed that you company or as other	ce of the registered it the change(s)	
1	m D	Jo	hn M. Griff	fing		
-	nure of a member or autherized representative of a member			Printed or typed name of:	_	
provis the ob to mer	thy accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided vely reflect a change in the registered office address. The fin writing of this change	perforn Hör in	tance of my Chapter 605	auties, and Lain famili 5, F.S. Or, if this docu	ar with and accept ment is being filed	
Signat	ire of Registered Agent					

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