U3100/48655

(1)	Augusta de Nama	
(Re	questor's Name)	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	⇒ #)
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		





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COVER LETTER

Division of Corporations			
	È HOME IMPROVEMENTS, LLC imited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	this matter to the following:		
STEPHEN E LANGHAM S	R		
15T COAST FENCE & HOME Firm/Company	Implayements, LLC		
1718 PERDER STONE CON	TAN SSS TANK 1887		
ST AUBUSTINE, FL City/State and Zip Code	32092 		
SLANGHAMSR@ 6MA E-mail address: (to be used for future annual report no			
For further information concerning this matter, please call:			
	904 571 - 2426 CELL		
STEPHEN E. LANGHAM SR Name of Person	at (904) 823-8818 OFFICE Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

TO: Registration Section

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.

agent, or both, in the	ie State of Florida.	
1. Name of the lim	ited liability company: 12 Coast F	ENCE & HOME IMPROVESSIENTS, LLC
2. (a) Principal off (Note: MU	fice address of limited liability company IST BE STREET ADDRESS)	1718 PERSON STONE COURT ST ANDUSTINE, FL 32092
(b) Mailing add (Note: MA	ress of limited liability company: AY BE POST OFFICE BOX)	1718 PERDER STONE COURT ST. AUTOSTINE, FL 32092
10-22-		L 13000148655
3. Date of filing/re	gistration in Florida	4. Document number
5. (a) Registered	Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered A	Agent:	UNITED STATES CORBRATION AGENT, INC
Registered (Office Address:	13302 WINDING OAK PORT A TAMPA, FL 33612
(b) Enter name	of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
<u>NEW</u> Regis	stered Agent:	STEPHEN E LANGHAM SR
	stered Office Address: FLORIDA STREET ADDRESS)	1718 PEPPER STONE COURT ST ANNSTINE ,FL 32092
confirmed that after and the business of liability company, in the members of the the operating agree	ity company is not organized under the lar the change or changes are made, the Fl fice of the registered agent will be identit is hereby confirmed that the change(s) limited liability company or as otherwisement of the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
Printed or typed name of		-
I hereby accept the comply with the pro and I am familiar v Chapter 608 F S address I hereby c	e appointment as registered agent and a ovisions of all statutes relative to the pro vith and accept the obligations of my po Or, if this document is being filed to me onfirm that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered		

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