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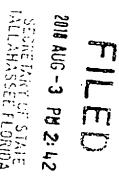
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COVER LETTER *

	istration Section ision of Corporations		
SUBJECT:	Norris Carpentry Services, LLC	<u></u>	
		f Limited Lia	bility Company
Dear Sir or I	Madam:		
The enclose	d Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.
Please return	n all correspondence concerning this n	natter to the fo	ollowing:
Kenneth C	C. Norris		
	Name of Person		_
Norris Car	rpentry Services, LLC		SECA TALLA
	Firm/Company		
3550 Jubi	lee Dr.	_,,	Series Englisher
	Address		LOR LOR
Pace, FL.	32571		IDA A
	City/State and Zip Code		_
norriskenr	ny@bellsouth.net		
E-mail	address: (to be used for future annual	report notific	eation)
For further i	information concerning this matter, ple	ase call:	
Kenneth C		850 at (346 3453
· · ·	Name of Person		Area Code & Daytime Telephone Number
Reg Divi Clif 266	REET/COURIER ADDRESS: jistration Section ision of Corporations fon Building 1 Executive Center Circle lahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314
Enc	closed is a check for the following an	iount:	
2 2 \$	25 Filing Fee	☐ \$ 55	5 Filing Fee & Certified Copy

INHS18 (2/14)

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.

2. (a)	3550 Jubilee Dr.			
(u)		(b) 3550 Jubilee Dr.		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ '	.,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pace, Fl. 32571		Pace, F	FI. 32571
	08/06/2014	_	L140001	123027
•	Date of filing/registration in Florida	4.		Document number
. (a)	Cheyenne Moseley US Corp. Agents, Inc.			
. (u)	Registered Agent and Registered Office shown on the records of th	e Florio	la Dept. of Sta	ate:
	United States Corporation Agents, Inc.			78. 78. 78. 78. 78. 78. 78. 78. 78. 78.
	Registered Office Address (MUST BE FLORIDA STREET A	2011 AUG SECRET FALLARA		
	13302 Winding Oaks Court Suite A			
	Tampa	33612	<u> </u>	Service in the servic
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> <u>NEW Registered Office Address:</u>	Jince a	udress:	' ' ' ' ' ' ' ' '
	3550 Jubilee Dr.			
	PaceFL_3	32571		_
ne cha gent w /as/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility c the lir	istered offic ompany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Ko.	ure of a member or authorized representative of a member		Kennet	Printed or typed name of signee
hereb	we of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he	e to ac	t in this car	pacity. I further garee to comply with the