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## **COVER LETTER**

Registration Section
Division of Corporations

Snedeker Construction LLC JBJECT:						
	ame of Limited Li	ability Company				
ear Sir or Madam:						
ne enclosed Registered Agent/Registered C	Office Change and t	fee(s) are submitted for filing.				
lease return all correspondence concerning	this matter to the f	following:				
Jourtney Durham						
Name of Person		_				
Firm/Company		~ <b>-</b>				
305 N Apopka Ave.		_				
Address						
Inverness, Florida 34450		_				
City/State and Zip Code	•					
todd.snedeker75@yahoo.com						
E-mail address: (to be used for future a	nnual report notific	cation)				
For further information concerning this matter	er, please call:					
Courtney Durham	352 at (	344-3463 )				
Name of Person		Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following	ng amount:					
■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				

INHS18 (2/14)

## TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rsuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company mits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2 T	Na	ame of the limited liability company:  Snedeker Constru	uction L1.	.C				
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  4698 S Legend DT  Homosassa, Fl 34446  104/16/2015  Date of filing/registration in Florida  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Todd Snedeker  Registered Office Address  4698 S Legend Dr  Homosassa  FL 34446  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Courtney Durham  NEW Registered Office Address:  305 N Apopka Ave  Inverness  FL 34450  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered eagent will be identical. Or, in the case of a Florida intimed liability company, it is hereby conformed that after change or organized 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  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Printed or typed name of signee	(a)		(	b)				
Homosassa, Fl 34446  O4/16/2015  Date of filing/registration in Florida  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Todd Snedeker  Registered Office Address  4698 S Legend Dr  Homosassa  FL 34446  Enter name of NEW Registered Agent and/or NEW Registered Office address:  Courtney Durham  NEW Registered Office Address:  305 N Apopka Ave  Inverness  FL 34450  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered spent under the initied 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of office and the business office of the registered of the state of a liability company or as otherwise provided in the articles of office and the business office of states of a liability company or as otherwise provided in the articles of all statutes relative to the proper and complete performance of my dulies, and I and famility with and accounts to the registered office address. Thereby confirm that the limited thill the company has been the registered office address. The reby confirm that the limited thill the company has been the registered office address. The reby confirm that the limited thill the company has been the registered office address. The reby confirm that the limited that the limited that the state of the address the registered office address. The reby confirm that the limited that the state of	<b>\</b>	Principal office address of limited liability company:	、	, <u> </u>	Mailing address o	f limited lial	bility cor	npany:
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Signature of Registered Agent	Signatu	Te of Residered Agent						