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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TCW Builders LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	the following:		
Thomas C. Wiggins Name of Person			
TCW Builders LLC Firm/Company			
43.35 US 14wy 441 S.E Address			
Okeechobee FL 34974 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Kimberly A. Baldwin at (3)	63)467 · (>595 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		

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.		
1. Nam	ne of the limited liability company:	ers LLC
2. (a) <u>4</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) () Keechobee, Fl 34974	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)		15000107 835 Document number
(b)	Hard Hoy 441 SE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Okeechobee ,FL 34974 Thomas C. Wiggins Enter name of NEW Registered Agent and/or NEW Registered Office address: 4335 US Hwy 441 SE.	FILLAHASSFE, FLORIDA
If the lim the chan agent wi was/were	NEW Registered Office Address: Company FL 34974 Company F	and the business office of the registered shereby confirmed that the change(s) company or as otherwise provided in
I hereby provision the oblig to merel notified	re of a member or authorized representative of a member accept the appointment as registered agent and agree to act in this cape as of all statutes relative to the proper and complete performance of my a cations of my position as registered agent as provided for in Chapter 605 by reflect a change in the registered office address, I hereby confirm that in a writing of this change. My of Registered Agent	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been