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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
Lowman Brothers Construction, LLC						
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the	e following:			
Mona	a Lisa Wilcox					
·	Name of Person		<del></del>			
Lown	nan Brothers Construction, LLC					
	Firm/Company		<del></del>			
4451-	-R Enterprise Court					
	Address		···			
Melbo	ourne, FL 32934					
	City/State and Zip Code		<del></del>			
accol	unting@lowmanbrothers.com					
Е	-mail address: (to be used for future ann	ual report not	fication)			
For fur	rther information concerning this matter,	please call:				
Mona	Lisa Wilcox	321 at (	242-3255			
	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	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	<b>-</b> 5	555 Filing Fee & Certified Copy			
INHS18	8 (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.

I. Name o	f the limited liability company: Lowman Broth	ers C	onstructio	n, LLC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  51-R Enterprise Court	_ (		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  Enterprise Court
Me	lbourne, FL 32934	_	Melbour	ne, FL 32934
03/0	02/2016		L1600004	44128
<del>-</del>	Date of filing/registration in Florida	4.		Document number
i. (a) <u>Jon</u>	athan D Lowman			
	stered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	- e:
Regi	stered Office Address (MUST BE FLORIDA STREET A	hhres	C)	<u>.</u>
_	51-R Enterprise Court		<u></u>	
Me	lbourne FL.	32934		-
Mor	na Lisa Wilcox			16
(0)	name of NEW Registered Agent and/or NEW Registered (	Office of	Idross:	- AP
		ZIIICE AL	iui ess.	APR 22
	na Lisa Wilcox	· · · · · · · · · · · · · · · · · · ·		
<u>NEV</u>	V Registered Office Address:			M 2:28
				\$ <b>\&amp;</b>
	. FL			
		<b></b>	a	-
vas/were au	I liability company is not/organized under the law or changes are made, the Florida street address of the changes are made, the Florida street address of the change of th	the lir	ompany, it is nited liabilit	s hereby confirmed that the change(s) v company or as otherwise provided in
[[/]/	may lead so	Mo	na Lisa W	/ilcox
	a member or authorized representative of a member			Printed or typed name of signee
rovisions o he obligatio o merelv re	cept the appointment as registered agent and agre fall statutes relative to the proper and complete p one of my position as registered agent as provided thect a change in the registered office address, I have priting of this shange.	ee to ac perforn for in ereby c	t in this cap lance of my Chapter 605 confirm that	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
Signature of R	egistered Agent			
	Division of Corporations• P.O. B FILING FE			ssee, FL 32314