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SECRETARY OF STATE
FALL ANARGEE FLORIDA

K. SALY APR 9 2018

## **COVER LETTER**

Registration Section

\$25 Filing Fee

INHS18 (2/14)

TO:

Division of Corporations
SUBJECT: Barn Wood Construction UC 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:
Thelma Gail Muse Name of Person
Barnwood Construction UC
Firm/Company  1602  Address
Address
Glen St Mary FC 32040  City/State and Zip Code
City/State and Zip Code
the dragail howell @ vahoo. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thelma Gail Muse at 904 955-1496  Name of Person  Area Code & Davime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:

☐ \$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. Na	Name of the limited liability company:	<u>メ</u>	COIST	ruction	1 W	
2. (a)	, 6761 Barnwood CN	(b)	Po	BOX 16	02	
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	ζ-/.			ted liability company:	
	Clas St Day C		~ /		ST OFFICE BOX	
	0101 31 /41/1	-	U(e)	1 54 /	Mry 1 C	<u>-</u>
	32046	_			31	OYC
3.	Date of filing/registration in Florida 4.	_	<u> </u>	ocument numbe	3652	
5. (a)	Tholor Gol Muse		Ъ.	ocument numbe	•	
(",	Registered Agent and Registered Office shown on the records of the Flo 6761 Jarnwood W	rida D	ept. of State:		SEG	
	Registered Office Address (MUST BE FLORIDA STREET ADDR.	ESS)			智力	四
					ASSET 6	F
	Glen St Mary ,FL ?	32	040		14 Y 1	Ö
(b)	Robert Logan Muse				OF STATE OF STATE OF STATE	
` /	Enter name of NEW Registered Agent and/or NEW Registered Office	addr	<u>ess</u> :		25 6	•
	NEW Registered Office Address:					
	,FL					
If the 1		ala m Ca		1- 1-1-1-1	5 LJ . 6	
the cha	limited liability company is not organized under the laws of lange or changes are made, the Florida street address of the re	egiste	red office ar	nd the business	office of the regist	ered
was/we	will be identical. Or, in the case of a Florida limited liability vere authorized by an affirmative vote of the members of the	limite	d liability c	ompany or as ot	l that the change(s herwise provided	in
the arti	ticles of organization or the operating agreement of the limite  The Muse	ed liai	bility compa	ny.	1000	
Signat	ature of a member or authorized representative of a member		Ihelm	inted or typed name	viuse	
I herel	phy accept the appointment as registered agent and agree to	act ir	this canaci	tv. I further am	eae to comply with	the
provisi the obli to mere	sions of all statutes relative to the proper and complete perfo ligations of my position as registered agent as provided for i rely reflect a change in the registered office address, I hereby ed in writing of this change.	rman in Ch y con	ce of my dut apter 605, F firm that the	ies, and I am fa S. Or, if this d limited liability	ee to comply with miliar with and accomment is being for company has bee	cine cept filed n
1/	to Ton Men					
Signatu	ure of Registered Agent					