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(Re	questor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section Division of Corporations

\$25 Filing Fee

INHS18 (2/14)

SUBJECT: BMB Construction Services 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:			
Brant Berry Name of Person			
BMB Construction Services lle			
Firm/Company			
118 Breeze Wood Gache			
Address			
San Mateo Pl 32187			
City/State and Zip Code			
Derrybrart 38 & Grail, Com E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Brant Berry at (386) 550-0375 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations			
Clifton Building 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. Name of the limited liability company: BMB Construction	n Services 110
1. Name of the limited liability company: (5)1116 Continue 1101	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 18 Breeze Wood Creeke Matco A 32187
3. Date of filing/registration in Florida 4. 5. (a) Brant Berry Registered Agent and Registered Office shown on the records of the Florida Dept. or	Document number
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 118 Breeze Wood) Incle San Make , FL 32187 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Wanner Good	SECKETARY OF STATE OF SECRETARY OF STATE OF SECRETARY OF STATE OF STATE OF SECRETARY OF S
NEW Registered Office Address:	
	<u></u>
If the limited liability company is not organized under the laws of the State of the change or changes are made, the Florida street address of the registered of agent will be identical. Or, in the case of a Florida limited liability company was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability. Signature of a member or authorized representative of a member. I hereby accept the appointment as registered agent and agree to act in this provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter to merely reflect a change in the registered office address, I hereby confirm to notified in writing of this change.	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00