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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LICENSE EXAM SERVICES
Account Number : I20120000042
Phone : (941)706-2336
Fax Number : (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2017 JAN 19 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BUILDING 29 LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	$25.00

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17 JAN 19 AM 8:57

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JAN 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUILDING 29 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:

ROBIN O'CONNOR
Name of Person

LICENSE EXAM SERVICES
Firm/Company

4713 WEBBER STREET
Address

SARASOTA, FL 34232
City/State and Zip Code

LOYDCONSTRUCTION@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN O'CONNOR at (941) 706-2336
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 ☐ $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: BUILDING 29 LLC

2. (a) 206 FLEET AVE
LAWRENCEBURG, TN 38464
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 206 FLEET AVE
LAWRENCEBURG, TN 38464
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 01/12/2017
Date of filing/registration in Florida

4. L17000010081
Document number

5. (a) RANDAL S. LOYD
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
206 FLEET AVE
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
LAWRENCEBURG, FL 38464

(b) LICENSE EXAM SERVICES
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4713 WEBBER STREET
NEW Registered Office Address:
SARASOTA, FL 34232

FILED
17 JAN 19 AM 8:57
DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited 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.

Signature of a member or authorized representative of a member

RANDAL S. LOYD
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (2/14)