## 117000013903

(Requestor's Name)				
(Address)				
(Addı	ress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nan	ne)		
(Document Number)				
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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 28, 2017

DARRELL CONE **PO BOX 627** BUNNELL, FL 32110

SUBJECT: AIN'T WORKING LLC Ref. Number: L17000013903

We have received your document for AIN'T WORKING LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 717A00017700

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: AIN'T WORKING LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Darrell D. Cone				
Name of Person				
Darrell Cone Dozer Service Inc.				
Firm/Company				
P. O. Box 627				
Address				
Bunnell Fl., 32110				
City/State and Zip Code				
dcdozer@gmail.com				
E-mail address: (to be used for future annu-	al report notification)			
For further information concerning this matter, p	elease call:			
Darrell Cone	386 9311890			
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> \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fursuant 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. 1	Name of the limited liability company:  AIN'T WORK	ING LLC	
2. (a	449 County Road 304	(b) P. O. Bo	ox 627
(u	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Bunnell Fl., 32110	Bunnell I	FI., 32110
	January 18, 2017	L1700001	3903
<ol> <li>3.</li> <li>5. (a)</li> </ol>	Date of filing/registration in Florida  Cone, Darrell D.	4.	Document number
J. (L	Registered Agent and Registered Office shown on the records of 449 County Road 304	the Florida Dept. of State	E A T
	Registered Office Address (MUST BE FLORIDA STREET	P 20 PH 5	
	Bunnell , FL	32110	平 5: 五
(b	Enter name of NEW Registered Agent and/or NEW Registered  Darrell Cone Dozer Service Inc.  NEW Registered Office Address:	Office address:	
	449 COUNTY ROAD 304		
T.C. 41		32110	
the clagent was/v	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liewere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered office ability company, it is of the limited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Sign	nature of a member or authorized representative of a member	Daneil Cone	Printed or typed name of signee
I her provi the of to me	reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	ree to act in this cape performance of my e d for in Chapter 605 hereby confirm that t	-
Signa	ture of Registered Agent		