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Office Use Only



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e(s) are submitted for filing.
owing:
tion)
914-6389
Area Code & Daytime Telephone Number
Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Filing Fee & Certified Copy

INHS18 (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.

l.	Na	me of the limited liability company:	G & COI	NS"	FRUCTION	
2.	(a)	8341 LOOKOUT POINTE DRIVE		(b)	9300 CONR	OY WINDERMERE RD #2981
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mail	ling address of limited liability company: Note: MAY BE POST OFFICE BOX)
		WINDERMERE FLORIDA 34786			WINDERMER	RE FLORIDA 34786
		SEPTIEMBRE 13 2001		L		7
3.		Date of filing/registration in Florida	— 4.	_	Do	cument number
5.	(a)	ROSELYN BUSTAMANTE				
	(-)	Registered Agent and Registered Office shown on the records of 8341 LOOKOUT POINTE DRIVE	of the Flori	da l	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREE	T ADDRE.	SS)		
		WINDERMERE, F	34786			
	(b)					62
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office	add	ress:	
		NEW Registered Office Address:		_		
		13172 KEGAN ST			<u></u>	્રિ ડુડ ૧૭
		WINDERMERE, F	34786			•
ch ag wa	ange ent v is/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registe liability of s of the li	rec con mi	d office and the npany, it is her ted liability co	re business office of the registered breby confirmed that the change(s) company or as otherwise provided in
			R	os	ELYN BUSTA	MANTE
,	Signat	ture of a member or authorized representative of a member			Pri	inted or typed name of signee
the to	obl mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, i I in writing of this change.	gree to a le perform led for in l hereby	ct i nai Ci coi	n this capacity nce of my dution napter 605, F., nfirm that the i	y. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been

Signature of Registered Agent

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. N	Tame of the limited liability company: RBC PAINTING	& C(ON:	STRUCTION	V	
2. (a)	8341 LOOKOUT POINTE DRIVE		a	9300 COI	NROY WINDER	MERE RD #2981
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		~ ` `	_	imited liability company: POST OFFICE BOX)
	WINDERMERE FLORIDA 34786			WINDER	MERE FLORIDA	34786
	SEPTIEMBRE 13 2001			L21000404	1337	· · · · · · · · · · · · · · · · · · ·
 (a) 	Date of filing/registration in Florida ROSELYN BUSTAMANTE	4.			Document number	ber
v. (u	Registered Agent and Registered Office shown on the records of 8341 LOOKOUT POINTE DRIVE	_ c:				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDR</u>	RES:	হ্য	_	7024 JI
	WINDERMERE, FI	3478	36		_	
(b	Enter name of NEW Registered Agent and/or NEW Registered Office address:		-	FT 12: 32		
	NEW Registered Office Address:				_	
	13172 KEGAN ST				_	
	WINDERMERE, FI	3478	36		_	
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ricles of organization or the operating agreement of the	regise ability of the	ster y co lin	ed office and ompany, it is nited liability	d the business of s hereby confirm y company or as	Tice of the registered led that the change(s)
	The state of the s	1	RO	SELYN BUS	STAMANTE	
Sign	nature of a member or authorized representative of a member	=			Printed or typed na	ame of signee
provi. the oi to me	eby accept the appointment as registered agent and ag sions 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 ed in writing of this change.	ree to perfo d for hereb	aci in (y c	t in this cape ance of my a Chapter 605 onfirm that i	acity. I further a duties, and I am i, F.S. Or, if this the limited liabil	igree to comply with the familiar with and accept document is being filed ity company has been

Signature of Registered Agent