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(Requestor's Name)					
(Add	ress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
Special Instructions to F	iling Officer:				
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ECRETARY OF STATE

FEB 0 5 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: PREMIER MODILAR BUILDINGS LC. 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:						
r lease return an correspondence concerning this matter to the ronowing.						
DAVID CHARGONNEAU Name of Person						
PREMIER MODULAR BUZLOZOG LC						
Firm/Company						
P.O. Box 470218 Address						
Address						
Cleveland OHZO 44147						
City/State and Zip Code						
Cfohelocamail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
DAVID CHARGONACO4 at (216) 538-2307						
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						
INHS18 (2/14)						



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2014

DAVID CHARBONNEAU PREMIER MODULAR BUILDINGS LC PO BOX 470218 CLEVELAND, OH 44147 US

SUBJECT: PREMIER MODULAR BUILDINGS, L.C.

Ref. Number: L98000001059

We have received your document for PREMIER MODULAR BUILDINGS, L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 614A00026677

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SEE ATTACH

www.sunbiz.org

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	ame of the limited liability company: PREMITER	MODILLA	R BUZLAMOS L	<u>c</u>	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	July 14, 1998		-98 00000 10 59		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	REGISTERED Agents Legal Service LL	6			
, ,	Registered Agent and Registered Office shown on the records of the	Florida Dept. of S	State:		
	155 Office Plaza Drik, Surle A. Tallah	assee FL 3	2301		
	Registered Office Address (MUST BE FLORIDA STREET ADD		*************************************		₹
				5	L C
				83	AH.
				-2	ASSET I
<i>(</i> 1.)	Dave a Dave			PH	EST TO THE
(b)	DAVLO DAUM Enter name of NEW Registered Agent and/or NEW Registered Of	ffice address:		.; ⊒=	:- S
		,		Ċ.	SE I
	816 Hickory Kon - Cours			S	DΑ
	816 Hickory Known Court NEW Registered Office Address:				
	Apopka, FLORIDA 32712		<u> </u>		
	. FL				
	,				
the cha agent was/w	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the lines of organization or the operating agreement of the lines.	e registered off ility company, i he limited liabi nited liability c	fice and the business office it is hereby confirmed that lity company or as otherw ompany.	of the the cha ise pro	registered ange(s)
Signo	sture of a member or authorized representative of a member	DAVID	Printed or typed name of sig	2077 = Page	
7.1			1.6 4	,	ly with the and accept being filed
to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided for the select a change in the registered office address, I here in writing of this change.	eby confirm th	at the limited liability com	pany h	as been
Signati	ire of Registered Agent				