

Colin Heller
L99000008795

Requester's Name
Address
City/State/Zip
Phone #

1013 E. Brandon Blvd.
Brandon, Fl. 33511

02 AUG 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #)
800006939888
08/07/02 011931-003
******35.00 *****35.00*
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

L99-8795
TC

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

August 8, 2002

COLIN KELLEY TRACTOR WORK
1013 E. BRANDON BLVD.
BRANDON, FL 33511

SUBJECT: COLIN KELLEY TRACTOR WORK, LLC
Ref. Number: L99000008795

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TALLAHASSEE, FLORIDA

We have received your document for COLIN KELLEY TRACTOR WORK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 602A00047314

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: COLIN KELLEY TRACTOR WORK, LLC

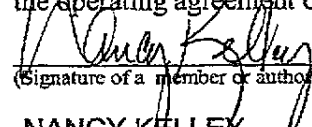
2. The mailing address of the limited liability company is : 2038 FRONT ST.
VALRICO, FL 33594

3. Date of filing/registration in Florida 12-8-99 4. Document number L99000008795

5. The name of the registered agent and the registered office address as shown on the records of Florida Department of State:
NORMAN, CHRISTOPHER H ESQ, HINES N
Name
315 SOUTH HYDE PARK AVE.
Address
TAMPA, FL 33606
City, State and Zip

6. The name and address of the new registered agent and/or office:
NANCY KELLEY
Name
2038 FRONT ST.
Florida street address (P.O. Box NOT acceptable)
VALRICO, FL 33594 FL
City, State and Zip

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.

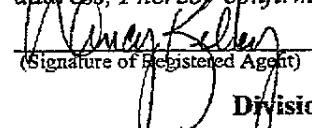


(Signature of a member or authorized representative of a member)

NANCY KELLEY

(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 608, 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

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