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O7 OCT 29 PH 1: LL SECRETARY OF STATE TALLAHASSEE, FLORIOA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Chubb Engineering, Ll (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	g this matter to the following:
Pollyanna Hill	
(Name of Person)	07 SE(TALL
Chubb Engineering, LLC	OCT 29 AHASSE
(Firm/Company)	Sill 9
PO Box 605	FLOST - FLOST
(Address)	RIDA ATT
Parsons, KS 67357	
(City/State and Zip Code)	
For further information concerning this may	tter, please call:
Pollyanna Hill	at (620) 421-3351
(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 follow	ing 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 provision liability company submit agent, or both, in the State	ons of sections 608.416 or 608.508, ts the following statement in order to te of Florida.	Florida Statutes, the undersigned limited ochange its registered office or registered	i	
1. The name of the limited liability company is: Chubb Engineering, LLC				
2. The mailing address of	of the limited liability company is: P	O Box 605	•	
Parsons, KS 67357			•	
January 7, 2003		M03000000070		
3. Date of filing/registra	tion in Florida	4. Document number		
5. The name of the regist Florida Department of	ered agent and the registered office a State:	address as shown on the records of the		
	The Company Corporation			
	Name 1201 Hays Street	O. SE		
	Address		CHETT	
	Tallahassee, FL 32301	HAS HAS		
	City, State and Zip	1ARY ASSE	Carren	
6. The name and address	of the new registered agent and/or or	ffice:	() ()	
	InCorp Services, Inc.	STA STA		
	Name 17888 67th Court North	PH 1: LL FLORIDA		
	Florida street address (P.O. Box N			
	Loxahatchee, FL 3347	0		
	City, State and Zip			
confirmed that after the cand the business office o liability company, it is he of the members of the li	change or changes are made, the Flor of the registered agent will be identical ereby confirmed that the change(s) w	ids of the State of Florida, it is hereby ida street address of the registered office l. Or, in the case of a Florida limited as/were authorized by an affirmative vote ise provided in the articles of organization		
Signature of a member or author	rized representative of a member)			
Gary A. Chubb (Printed or typed name of signed	<u> </u>			
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if addless, I hereby confirm	ointment as registered agent and agrans of all statules relative to the property accept the obligations of my positions document is being filed to merely that the limited liability company has been appeared to the company of the company has been appeared to the company of the company has been appeared to the company of the company has been appeared to the company of the company has been appeared to the company of the compa	ee to act in this capacity. I further agree to er and complete performance of my duties, ion as registered agent as provided for in y reflect a change in the registered office as been notified in writing of this change.		
(Signature of Registered Agent)	wan wi vena	60 Freces	ce, Un	
Divisi	on of Corporations, P.O. Box 6327,	. Tallahassee, FL 32314		

FILING FEE: \$25.00