## M0300000783

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(City/State/Zip/Phone #)
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SECRETARY OF STATE

## **COVER LETTER**

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TO: Registration Section Division of Corporations		
•		
SUBJECT: Pinellas Construction & I (Name of	Development LLC of Limited Liability Company)	
Dear Sir or Madam:		
·		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Patricia Mavrakis		
(Name of Person)		
Pinellas Construction & Development LLC		
(Firm/Company)		
611 Druid Rd E, Suite 401		
Address)		
Clearwater, FL 33756		
(City/State and Zip Code)		
For further information concerning this matte	er, please call: at ( 727 ) 441-3474	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	g amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## 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. Na	ame of the limited liability company: Pinellas Co	onstruction & Development LLC	0
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 611 Druid Rd E Suite 401 Clearwater, FL 33756	G
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 2256 Clearwater, FL 33757-2256	B
03/06	· · · · · · · · · · · · · · · · · · ·	M03000000783	
3. Da	ate of filing/registration in Florida	4. Document number	
5. (a	) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
	Registered Agent:	Heather North	<u>,                                     </u>
	Registered Office Address:	2536 Countryside Blvd	
		Clearwater, FL 33763	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :		
	NEW Registered Office Address: (MÜST BE FLORIDA STREET ADDRESS)	611 Druid Rd E  Suite 401 Clearwater □,FL 33756	<u> </u>
that a office hereb liabili limite	limited liability company is not organized under the fter the change or changes are made, the Florida are of the registered agent will be identical. Or, in the y confirmed that the change(s) was/were authorized ty company or as otherwise provided in the articles of liability company.	et address of the registered office and the bu	siness t is
_			
	Boesch d or typed name of signee)	<u> </u>	
complant fa F.S. (confir	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the provisions of all statutes relative to the provision of my position of my position of this document is being filed to merely reflect a province that the limited liability company has been notified to the limited liability company has been notified to Registered Agent)	agree to act in this capacity. I further agree roper and complete performance of my dutie, n as registered agent as provided for in Chap change in the registered office address, I he ed in writing of this change.	to s, and I oter 608, reby

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00