

M03000002786

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

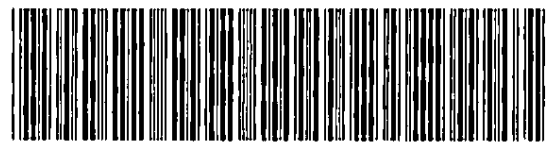
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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FILED  
18 FEB 22 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2018 FEB 22 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
FEB 23 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 081085 7815590

AUTHORIZATION

COST LIMIT : \$ 25.00



ORDER DATE : February 22, 2018

ORDER TIME : 3:14 PM

ORDER NO. : 081085-010

CUSTOMER NO: 7815590

CHANGE OF AGENT

NAME: CB CONTRACTORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CB CONTRACTORS, LLC

\_\_\_\_\_  
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:

MICHAEL RUSKIN

\_\_\_\_\_  
Name of Person

SWINERTON

\_\_\_\_\_  
Firm/Company

5901 PEACHTREE DUNWOODY Rd. B-300

\_\_\_\_\_  
Address

ATLANTA GA 30328

\_\_\_\_\_  
City/State and Zip Code

J.WALKER@SWINERTON.COM, M.RUSKIN@SWINERTON.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL RUSKIN

\_\_\_\_\_  
Name of Person

at (678) 553-4500

\_\_\_\_\_  
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

**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. Name of the ~~limited liability~~ company: CB CONTRACTORS, LLC

2. (a) 5901 Peachtree Dunwoody Road (b) 5901 Peachtree Dunwoody Road  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

B-300

B-300

Atlanta, GA 30328

Atlanta, GA 30328

08/15/2003

M03000002786

3. Date of filing/registration in Florida

4. Document number

5. (a) Jason Richter

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

600 South Magnolia Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ste 250

Tampa, FL 33606

(b) Corporation Service Company

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

**FILED**  
**18 FEB 22 AM 8:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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]  
Signature of a member or authorized representative of a member

MICHAEL RUSKIN

Printed or typed name of signer

*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 605, 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]  
Signature of Registered Agent Corporation Service Company

BY:

Elizabeth R. Konieczny  
ASST. SEC

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00