M0400000 4269

2005 SEP -9 /	<u>γ. II: 28</u>
Multi Con Construction (Requestor's Name)	SORIOA
2002 Summit Blud (Address)	
SUHC IDOO (Address)	100059020761
Allanta, GA 30819 (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/N9/O501015016 **25.80
(Document Number)	
Certified Copies Certificates of Status	
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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 affice or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company is:	Multicon Construct	tion, LLC LAND UP STATE
2. The mailing address of			
	the infined hability co	impany is	
Atlanta, GA 30319			
10/05/2004		M0400	0004269
3. Date of filing/registrati	on in Florida	4. Docur	ment number
5. The name of the registe Florida Department of S		tered office address as	shown on the records of the
	1848 E. Co. Hwy. 3	Name 80A; Unit 10	
	Seagrove Beach, F	Address L 32459 State and Zip	
6. The name and address of	of the new registered as	gent and/or office:	
	James Patrick McK	inight	
	2302 #105 S. Manh	Name nattan Avenue	
•	Florida street address	S (P.O. Box NOT acce	ptable)
	Tampa,	_{FL} 33629	
	City, S	tate and Zip	
confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the operation of the op	the registered agent with the registered agent with the confirmed that the disability company or a fine limited liability confirmed that the limited liability confirmed the liability confirm	ade, the Florida street ill be identical. Or, in the change(s) was/were as otherwise provided ompany.	state of Florida, it is hereby address of the registered office the case of a Florida limited uthorized by an affirmative vote of in the articles of organization or
Deborah McKnight		-	
(Printed or typed name of signæ)	_	_	
Vay 1.7/19	ntment as registered as s of all statutes relative a lacept the obligation is document is being that the limited liability	gent and agree to act in the proper and con so for position as regulated to merely reflect a y company has been not be the company and the company has been not be the company has been not be the company and the company has been not be the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company has been not be the company and the company and the company has been not be the company and the	n this capacity. I further agree to implete performance of my duties, istered agent as provided for in a change in the registered office office of this change.
(Signature of Registered Agent)	•		

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

INHS18(10/99)