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## **COVER LETTER**

Registration Section

Division of Corporations					
	CONSTRUCTION SERVICES L.L.C. f 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:					
DEVIN NEWMAN	Ħ.c.				
(Name of Person)	ECRE TO				
ALL FLROIDA FIRM, INC.	FILED  II HAY -4 P 3: 20  CRETARY OF STATE AHASSEE. FLORIDA				
(Firm/Company)					
465 S. VOLUSIA AVE. SUITE C	STATE LORID				
(Address)	——————————————————————————————————————				
ORANGE CITY, FL 32763					
(City/State and Zip Code)					
For further information concerning this ma	tter, please call:				
TERRY CURTIS	at (850) 429-1550				
(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 following	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 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.

	o oj 1 10. 1010.		
1. The name of the limite	ed liability company is: BRADY &	COMPANY CONST	TRUCTION SERVICES L.L.C.
2. The mailing address of	f the limited liability company is:	310 E GOVERN	IMENT ST., STE B-1
PENSACOLA FL 32501	271134 - 1884 B		
07/08/2005		M0500000376	5 <b>1</b>
3. Date of filing/registrat	ion in Florida	4. Document n	umber
5. The name of the registe Florida Department of	ered agent and the registered offic State: TERRY D CURTIS	e address as show	n on the records of the
	Name		<del>-</del>
	310 E GOVERNMENT STR	EET, STE B-1	20 7AL 31
	Address		FIL 2001 MAY - 4 SECRETARY
	PENSACOLA FL 32501 City, State and 2	Zin	
The name and address	•	•	NAY - L
o. The name and address	of the new registered agent and/or	office:	TO D
	ALL FLORIDA FIRM, INC.		رين الصحا
	Name 465 S. VOLUSIA AVE. SUIT	EC	3: 20 ORIDA
	Florida street address (P.O. Box	NOT acceptable	)
	ORANGE CITY FL 327	763	
	City, State and Zi	p	
confirmed that after the cland the business office of iability company, it is he	npany is not organized under the lange or changes are made, the Florie the registered agent will be identified confirmed that the change(s) nited liability company or as other at of the limited liability company	orida street addres ical. Or, in the cas was/were authoriz	ss of the registered office se of a Florida limited zed by an affirmative vote
Signature of a member or author	UDMA)	_	
Signature of a finemoet of author.	ized representative of a member)		
Devin Di	ewman	_	
(Printed or typed name of signee)			annuals. I find
i nereby accept the appole comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered agent and as is of all statules relative to the pro d accept the obligations of my pos his document is being filed to mer that the limited liability company	gree to act in this of per and complete sition as registered ely reflect a change has been notified	vapacity. I jurther agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.

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

(Signature of Registered Agent)