M05000006980

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



FILING REQUEST

October 17, 2006

FLORIDA DEPARTMENT OF STATE

Type of Filing: CHANGE OF AGENT

Subject(s): WELSH CONSTRUCTION FLORIDA, LLC

Form(s) Enclosed: STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s): NONE

Check Enclosed: YES - CHECK# 24478 FOR \$ 25.00

Return Via: REGULAR MAIL - SASE ATTACHED

Filing Method: ASAP

PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions. Thank you!

Melissa Hobbs

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.

agent, or both, in the bias	•				
1. The name of the limited liability company is: Welsh Construction Florida, LLC					
2. The mailing address of the limited liability company is :					
7807 Creekridge Circle, Minneapolis, MN 55439					
12/19/2005 M05000006980					
3. Date of filing/registration in Florida 4. Document nu		nber			
5. The name of the register Florida Department of	ered agent and the regi State:	stered office address as shown of	on the records of the		
·	William F. Krake				
		Name			
	215 Lago Circle, Apt. 2				
		Address			
West Melbourne, FL 32904 City, State and Zip			TAL SI		
City, State and Zip					
6. The name and address of the new registered agent and/or office:			TIL 1		
	NRAI Services, Inc.		TARY ASSEI		
	Name 2731 Executive Park Drive, Suite 4				
	Florida street address (P.O. Box NOT acceptable)		D IZ: 1		
	Weston	FL 33331	>`` co		
	City,	State and Zip			
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 of a member or authorized representative of a member)					
Jean Kane, Member (Printed or-typed name of signee	•				
I hereby accept the appa comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. Inc.	/ 🥆	agent and agree to act in this ca ve to the proper and complete p ns of my position as registered a filed to merely reflect a change ity company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.		
(Signature of Registered Agonf) Jackie Sorman, Assistant S Division	Secretary on of Corporations, P	?.O. Box 6327, Taliahassee, FL	. 32314		

FILING FEE: \$25.00

INHS18(10/99)