Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000271180 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

**Enter the amail address for this business entity to be used for future annual report mailings. Enter only one email address please. **

EMBIL Address: NOWMents @ Incom.

LLC REGISTERED AGENT CHANGE JVK CONSTRUCTORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JVK Constructors, LLC	
	Name of Limited Liability Company
Dear Sir ox Madam:	
The enclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Netalie Bales	
Name of Person	I
inCarp Services, Inc.	
Firm/Company	
2360 Corporate Circle · Suita 400	
Address	
Henderson, NV 89074-7739	
City/State and Zip (Zode
documents@incorp.com	
E-mail address: (to be used for fute	re annual report notification)
For further information concerning this t	matter, please call:
Natalia Bales	at (702) 866-2500
Name of Person	Arca Code & Daytime Telephone Number
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2651 Executive Center Circle Tallohassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Taliahassee, Florida 32314
Enclosed is a check for the foll	owing amount:
2 \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

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HF4000'E111805

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.

I.	Ne	une of the limited liability company; JVK Constru	ctors,	LLC		
2. (n)	7127 CROSSROADS BLVD.		(b) 7127 Cf	DS BLVD.	
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address	n of limited liability company: Y BE POST OFFICE ROX)
		SUITE 105		SUITE 1	05	
		BRENTWOOD, TN 37027		BRENTY	NOOD, TN	37027
		01/02/2007		M070000	00033	
3.		Date of filing/registration in Florida	_ 4		Document :	number
S.	(a)	CORPORATION SERVICE COMPANY				
••	(-,	Registered Agent and Registered Office shown on the records of	f the F	orida Dept. of Stat	le;	
		1201 HAYS STREET				
		Registered Office Address (MUST BE FLORIDA STREET	CADD	ESSX	-	
		Tallahassea, F	<u></u>	2301-2525		
(b)	InCorp Services, Inc.				No n
`	-,	Enter name of NEW Registered Agent and/or NEW Registers	d Office	e adéress:	-	2
		ANGRE CRIL C. LAN III				
		17888 67th Court North			-	
		NEW Registered Office Address:			,	· , ਲ
					-	္ ယ္
		LoxahatcheeF	L	33470		•
të al	- 1"	-			•	
toe (:04	mited liability company is not organized under the k age or changes are made, the Florida atreet address o	st the r	epistored offici	e and the how	iness office of the registered.
8gC	n M	ill be identical. Or, in the case of a Florida limited less than the support of the members	liahili	v company, it is	s berehvienn	firmed that the change(s)
the l	Ţ,	the of organization of the operating agreement of the	e limit	ed liability con	у сошрацу <i>о</i> прапу.	r as otnerwise provided m
		Amen Lack		Thomas J. Elli	_	
		ure of a member of authorized representative of a member	-		Printed or typ	ed name of signee
I he provine d to he	reb Isidabli ere	y accept the appointment as registered agent and ag ms of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, l in writing of this change.	ree iq e perje ed for herel	act in this capt rmance of my in Chapter 603 y confirm that	acity, I furth duties, and I S. F.S. Or, if the limited if	ier agree to comply with the am familiar with and accept this document is being filed ability company has been
	* 64					• -

Division of Corporationse P.O. Box 6327e Tallahassec, FL 32314 FILING FEE: \$25.00

INHSIB (2/14)

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