

#108000003229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

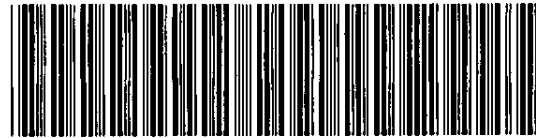
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000255302540

RECEIVED
SECRETARY OF STATE
JAN 9 2014
10 AM
TALLAHASSEE, FLORIDA

FILED
2014 JAN -9 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 10 2014



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 954519 7815590

AUTHORIZATION :

COST LIMIT : \$ 25.00

A handwritten signature in cursive script, appearing to read "L. Coleman", is written over the "AUTHORIZATION" and "COST LIMIT" fields.

ORDER DATE : January 8, 2014

ORDER TIME : 11:25 AM

ORDER NO. : 954519-005

CUSTOMER NO: 7815590

CHANGE OF AGENT

NAME: CAMBRIDGE BUILDERS &
CONTRACTORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMBRIDGE BUILDERS & 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:

JANE WALKER
Name of Person

CAMBRIDGE BUILDERS & CONTRACTORS
Firm/Company

5901 PEACHTREE DUNWOODY Rd. B-300
Address

ATLANTA, GA 30328
City/State and Zip Code

JWALKER@CAMBSWIN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANE WALKER at (678) 553-4529
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 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, 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: CAMBRIDGE BUILDERS & CONTRACTORS, LLC

2. (a) Principal office address of limited liability company: 5901 PEACHTREE DUNWOODY RD.
(Note: **MUST BE STREET ADDRESS**) B-300
ATLANTA, GA 30328

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

SAME AS ABOVE

7-9-2008

3. Date of filing/registration in Florida

MOB0000003229

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

DONNIE HOLLAND

Registered Office Address:

600 South Magnolia AVE
STE 200
TAMPA, FL 33606

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Corporation Service Company

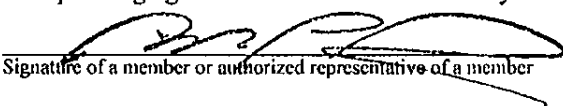
NEW Registered Office Address:

1201 Hays Street

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32301

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

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.

By: 

Signature of Registered Agent

Eric G. Knight

President

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

FILING FEE: \$25.00