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SECRETARY OF STATE

J. BRYAN

JHN -42009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AMERICAN STEEL B (Name of	UILDERS, LLC 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 concernir	ng this matter to the following:
ALISON BOUCHARD	
(Name of Person)	SEC SEC
BAY STATE CORPORATE SE (Firm/Company)	ω _{νν} ω !
6 BEACON STREET, SUITE 51 (Address)	PH 12: 45 OF STATE EE. FLORIDA
BOSTON, MA 02108	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
ALISON BOUCHARD	at (617) 742-8484
(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 follow	ving 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.

	V				
1. The name of the limite	ed liability company	is: AMERICAN S	TEEL BUILDERS, LI	<u>_C</u>	
2. The mailing address o	f the limited liability	y company is : 47	6 SOUTHRIDGE INC	DUSTRIAL DRIVE	
TAVARES, FL 32778					
		_			
02/17/09 3. Date of filing/registration in Florida		- -	M0900000668		
3. Date of ming/registrat	ion in Fiorida	4	. Document number	er -	
5. The name of the register Florida Department of		egistered office ad	ldress as shown on	the records of the	
	NATIONAL REGIS		NC.		
		Name			
	2731 EXECUTIVE	PARK DRIVE, SUIT Address	E 4	SE SE	
	WESTIN, FL 33331	ity, State and Zip		経り工	
c m		• • • • • • • • • • • • • • • • • • • •	_	TAR TARS	
6. The name and address	of the new registere	ed agent and/or off	īce:		
	NRAI Services, Inc.			PM 12: 4:5 EF. FLORID	
		Name) 2:1 2:1	
	2731 Executive Parl	k Drive, Suite 4		器が	
	Florida street add	lress (P.O. Box N O	OT acceptable)	>	
	_Weston	FL 33331			
		y, State and Zip	· · · · · · · · · · · · · · · · · · ·		
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir on the operating agreement of the operation of the operatio	hange or changes are the registered agenereby confirmed that mited liability computed of the limited liability crized representative of a management of the limited liability computed the limited liability crized representative of a management of the limited liability crized representative of a management of the limited liability crized representative of a management of the limited liability criterion.	re made, the Floric at will be identical. It the change(s) wa any or as otherwis bility company.	da street address of Or, in the case of s/were authorized b se provided in the a	the registered office a Florida limited by an affirmative vote rticles of organization	
(Signature of Registered Agent)		·			
TINIESHA CLARI Divisio	on of Corporations	s, P.O. Box 6327,	Tallahassee, FL 3	2314	

FILING FEE: \$25.00