Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (650)678-5368

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

Fmpil Address			

LLC REGISTERED AGENT CHANGE BECK COMMERCIAL CONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

B. BOSTICK

FEB 1 0 2011

EXAMINE⁶

2/9/2011

COVER LETTER

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TO: Registration Section Division of Corporations			
SUBJECT: Beck Commercial Construction, LLC Name of Limited	d Liability Company	 ,	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing	ıg,	
Please return all correspondence concerning this m	natter to the following:		
() Ames Lewis Name of Person			
Beck Commercial Construct	tion, LLC		
1807 Ross Due Ste. 500			
DA-1185, TY 75701 City/State and Zip Code		II F	
E-mall address: (to be used for future annual reportmotification	w son)		STATE OF THE PERSON
For further information concerning this matter, ple	ase call;	AF STA	1 5
JAMES VEWIS at C	24, 303-6612 \$	37 TE	
Name of Person STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amo	ount:		
☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INH\$18 (5/08)

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.

(Note: MUST BE STREET ADDRESS) Suite 500 Dallas, TX 75201 1807 Ross Avenue (Note: MAY BE POST OFFICE BOX) O3/23/2010 Suite 500 Dallas, TX 75201 M16000001322	
(Note: MUST BE STREET ADDRESS) Suite 500 Dallas, TX 75201 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) O3/23/2010 M16000001322	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Dallas, TX 75201 Suite 500 Dallas, TX 75201 M10000001322	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Dallas, TX 75201 03/23/2010 M16000001322	
(Note: MAY BE POST OFFICE BOX) Suite 500 Dallas, TX 75201 M16000001322	
(Note: MAY BE POST OFFICE BOX) Dallas, TX 75201 03/23/2010 M10000001322	
03/23/2010 M16000001322	
A The second sec	
3. Date of filing/registration in Florida 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State	;
Registered Agent: Capitol Corporate Services, Inc.	
Registered Office Address: 155 Office Plaza Drive, Suite A	
Tallahassee, FL 32301	
	=
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	
NEW Registered Agent: C'T Corporation System) F
NEW Registered Office Address: 1200 South Pine Island Road 7 3	
(MUST BE FLORIDA STREET ADDRESS) Plantation Plantation	
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 of 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 of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member of the appointment as registered agent and agree to act in this capacity. I further as comply with the provisions of all statutes relative to the proper and complete performance of my agand I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 608, F.S. Or, if this document is being filled to merely reflect a change in the registered address, I hereby confirm that the limited limit the improvement is been notified in writing of this change in the registered of the confirmation by the confirmation of the limited limited limited in merely reflect a change in the registered of address, I hereby confirm that the limited limited limited is made to the confirmation of this change in the registered of the confirmation by the confirmation of this change in the registered of the confirmation of the limited limit	nce Vote ation
Signature of Registered Agent & Assistant Secretary	

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

INHS18 (05/08)

By:
