

# M11000003629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

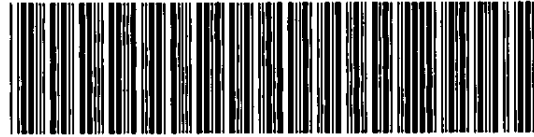
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RECEIVED  
DEPARTMENT OF STATE  
13 AUG 15 PM 3:05

FILED  
13 AUG 15 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CT Corporation

515 East Park Avenue  
Tallahassee, FL 32301

850 222 1092 tel  
850 222 7615 fax  
www.ctcorporation.com

August 15, 2013

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 8864418 SO  
Customer Reference 1: 135978  
Customer Reference 2: TK

Dear Department of State, Florida:

Please obtain the following:

HOLLIDAY CONSTRUCTION, LLC (MS)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Holliday Construction 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:

Shanna Keel

\_\_\_\_\_  
Name of Person

NRAI Corporate Services, Inc.

\_\_\_\_\_  
Firm/Company

101 W Vandalia St., Ste 245

\_\_\_\_\_  
Address

Edwardsville, IL 62025

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at ( )

\_\_\_\_\_  
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

FILED  
13 AUG 15 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

1. Name of the limited liability company: HOLLIDAY CONSTRUCTION LLC

2. (a) Principal office address of limited liability company: 534 HIGHWAY 26 EAST  
(Note: **MUST BE STREET ADDRESS**) POPLARVILLE, MS 39470

(b) Mailing address of limited liability company: 534 HIGHWAY 26 EAST  
(Note: **MAY BE POST OFFICE BOX**) POPLARVILLE, MS 39470

07/19/2011 M11000003629  
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: SHEFFIELD, LANCE

Registered Office Address: 4711 HIGHWAY 22  
PANAMA CITY, FL 32404

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

NEW Registered Agent: NRAI Services, Inc.

NEW Registered Office Address: 1200 South Pine Island Road  
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

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

SCOTT HOLLIDAY  
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 608, 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: Scott Holliday  
Signature of Registered Agent

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