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(Requestor's Name)		
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Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer	
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A. LUNT		
APR - 4 2010		
EXAMINER		



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Office Use Only

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: M°CLURE DESIGN FRUILD (	CONTRACTOKS, LLC Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for	r filing.	1~2	
Please return all correspondence concerning this ma		A CONTRACTOR OF THE PARTY OF TH	OII HAR 3	Famous views
NINO Chase, Esq. Name of Pelson		In the second se	Prince of the second	The state of the s
Nina Chase, PA Firm/Company	·	100 E	コ	
174 Watercolur Way #299 Address				
Suggove Beach, Florida 32459 City/State and Zip Code	<del></del>			
Chase @ nchase law. com. nin	na . chase@ mac . Com			
For further information concerning this matter, plea	se call:			
Vina Chose at ( {	350 ) 231-1622 OI Area Code & Daytime Telephone Nu		687	<i>-0</i> 830
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 Co	ру		

TO:

## 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: MCLUBE	TUSIGN+BUILD CONTRACTORS LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Acworth, Georgia 30162-2525
(b) Mailing address of limited liability company:	5467 Bells Ferry Rd.
(Note: MAY BE POST OFFICE BOX)	Acurth, Georgia 30102-2525
3.23.1999	M99000000421
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:	DON MCCLURE
Registered Office Address:	107 Cottage Court = Grillon Scoot, Fl 324/3:
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  NEW Registered Office Address:	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Sangrove seach, Ft. 32459
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	larida atrast address of the registered office
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	

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