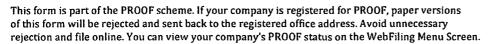
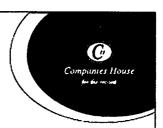
In accordance with Section 87 of the Companies Act 2006.

AD01

Change of registered office address





You can use the WebFiling service to file this form online. Please go to www.companieshouse.gov.uk

What this form is for You may use this form to change a company's registered office address.

What this form is NOT for
You cannot use this form to
the registered office address
Limited Liability Partnershi
do this, please use form LL AP
Change of registered office a



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#10

Company name in full AGD BRICKWORK LIMITED AGD BRICKWORK LIMITED		a limited liability partnershi	COMPANIES HOUSE
Company name in full AGD BRICKWORK LIMITED Please complete in typescript or in bold black capitals. All fledds are mandatory unless specified or indicated by * New registered office address The change in registered office address does not take effect until the Registrar has registered this notice. A person may validly serve any document on the company at its previous registered office for 14 days from the date that a change of registered office is registered. For Wesh companies, the address provided must be in Northern Ireland or Northern Ireland, the address provided must be in Sociland or Northern Ireland, the address provided must be in Sociland or Northern Ireland, the address provided must be in Sociland or Northern Ireland, the address provided must be in Sociland or Northern Ireland, the address provided must be in Sociland or Northern Ireland, the address provided must be in Sociland or Northern Ireland, the address provided must be in Sociland or Northern Ireland, the address provided must be in Sociland or Northern Ireland, the address provided must be in Sociland or Northern Ireland respectively. Post town	1	Company details	
New registered office address The change in registered office address does not take effect until the Registrar has registered this notice. A person may validly serve any document on the company at its previous registered office for 14 days from the date that a change of registered office is registered. Building name/number SAXON HOUSE Building name/number SAXON HOUSE Street SAXON WAY CHELTENHAM County/Region Postcode G L 5 2 6 Q X Signature I am signing this form on behalf of the company. Signature This form may be signed by: Director Secretary Person Authorised by Liquidator, Administrator, Administrator receiver	Company number Company name in full		Please complete in typescript or in bold black capitals.
The change in registered office address does not take effect until the Registrar has registered this notice. A person may validly serve any document on the company at its previous registered office for 14 days from the date that a change of registered office is registered. Building name/number SAXON HOUSE Street SAXON WAY Post town CHELTENHAM County/Region Postcode G L 5 2 6 Q X Signature I am signing this form on behalf of the company. Signature Signature This form may be signed by: Director Secretarry, Person Authorised B. Liquidator, Administrator, Administrator, Receiver, Receiver, Receiver manager, Charity commission receiver.			
has registered this notice. A person may validly serve any document on the company at its previous registered office for 14 days from the date that a change of registered office is registered. Building name/number SAXON HOUSE Street SAXON WAY Post town CHELTENHAM County/Region Postcode G L 5 2 6 Q X 3 Signature I am signing this form on behalf of the company. Signature Signature This form may be signed by: Director Secretary, Person Authorises By Liquidator, Administrator, Administrator, Administrator, Receiver, Receiver manager, Charity commission receiver.	2	New registered office address	
or Northern Ireland, the address provided must be in Scotland or Northern Ireland, the address provided must be in Scotland or Northern Ireland respectively. Post town CHELTENHAM County/Region Postcode G L 5 2 6 Q X Signature I am signing this form on behalf of the company. Signature Signature Signature This form may be signed by: Director Secretary, Person Authoriseds, Liquidator, Administrator, Administrative receiver, Receiver, Receiver, Receiver manager, Charity commission receiver		has registered this notice. A person may validly serve any document on the company at its previous registered office for 14 days from the date that a change of registered office is	For England and Wales companies, the address provided can either be in England or Wales. For Welsh companies, the address
Street SAXON WAY Post town CHELTENHAM County/Region Postcode G L 5 2 6 Q X Signature I am signing this form on behalf of the company. Signature Signature Signature This form may be signed by: Director Secretary, Person Authorised Director, Administrator, Administrator, Administrative receiver, Receiver, Meceiver manager, Charity commission receiver.	Building name/numbe	SAXON HOUSE	For companies registered in Scotland or Northern Ireland, the address
County/Region Postcode G L 5 2 6 Q X Signature I am signing this form on behalf of the company. Signature Signature Signature This form may be signed by: Director Sceretary, Person Authorised By, Liquidator, Administrator, Administrative receiver, Receiver, Receiver manager, Charity commission receiver.	Street	SAXON WAY	provided must be in Scotland or
Postcode G L 5 2 6 Q X Signature I am signing this form on behalf of the company. Signature Signature This form may be signed by: Director Secretary, Person Authorised Director, Administrative receiver, Receiver, Receiver, Receiver, Receiver manager, Charity commission receiver.	Post town	CHELTENHAM	
Signature I am signing this form on behalf of the company. Signature Signature This form may be signed by: Director Secretary, Person Authorised Secretary, P	County/Region		
I am signing this form on behalf of the company. Signature Signature Signature This form may be signed by: Director Secretary, Person Authorised Director, Administrative receiver, Receiver manager, Charity commission receiver	Postcode	G L 5 2 6 Q X	
Signature Signature Signature Signature This form may be signed by: Director Secretary, Person Authorised, Liquidator, Administrator, Administrative receiver, Receiver manager, Charity commission receiver.	3	Signature	
Signature Signature Modelete 'director' and Insert details of which organ of the SE the person signing has membership. This form may be signed by: Director Secretary, Person Authorised, Liquidator, Administrator, Administrative receiver, Receiver manager, Charity commission receiver.		I am signing this form on behalf of the company.	If the form is being filed on behalf
This form may be signed by: Director Secretary, Person Authorised, Liquidator, Administrator, Administrative receiver, Receiver, Receiver manager, Charity commission receiver	Signature		delete 'director' and insert details of which organ of the SE the person signing has membership. Person authorised Under either section 270 or 274 of the Companies Act 2006.
		Director Secretary, Person Authorised, Liquidator, Administrator, Administrative receiver, Receiver, Receiver manager, Charity commission receiver	