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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ARGEN GLASS L. L. C.		
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:		
JUAN C. LUIS Name of Person		
ARGEH GLASS L.L.C.		
Firm/Company		
5951 NW 151st. Street # 36		
MIAMI, FLORIDA 33014 City/State and Zip Code		
B-mail address: (4) be used for future annual report notification)		
For further information concerning this matter, please call:		
CASTONDIAZ JUAN LUIS at (305) 8213191 (PHONE FAX) 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 following amount:		
\$25 Filing Fee & Certified Copy		
INHS18 (5/08) ATTACH: FORM (COPY) CRZE 079 (5/06) 09/10/09 FORM (COPY) 8822 (09/16/09) 1RS		

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:	ENGLASS L. L.C.
2. (a) Principal office address of limited liability company:	FOELN LITE LOL Illa
(Note: MUST BE STREET ADDRESS)	MIAMI, FLORIDA 33014
(b) Mailing address of limited liability company:	5951 NW 151st. Street #36
(Note: MAY BE POST OFFICE BOX)	MIAMI, FLORIDA 33014
05/12/2005	REGISTRATION # L 05000047
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	" LUIS, JUAN C
Registered Office Address:	6501 COWPEN RD.
	APT D 207 MIAMI LAKES, FL 33014 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	JUAN C. LUIS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5951 NW 151st. Street # 36
	MIAMI ,FL 33014
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	was of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles forganization
Signature of a member or authorized representative of a member	SSN G
JUAN C. LUIS	e.F.
Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the prof and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company	ree to act in this capacity. Harther agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office 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