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(Requestor's Name)			
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(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
, (Booument Number)			
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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

•	TO: Registration Section Division of Corporations		
	SUBJECT: Shutter Installation Services, 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:		
	Mª Call Richardson (Name of Person)		
	Shutter Installation Services, UC (Firm/Company)		
,	518 Fast Government St.		
	Pensaeola, FL 32502 (City/State and Zip Code) For further information concerning this matter, please call:		
	For further information concerning this matter, please call:		
	Mc Call Richardson at (850) 232-9099		
	(Name of Person) (Area Code & Daytime Telephone Number)		
•	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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		

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.

	hutter Installation Services, LLC
2. The mailing address of the limited liability compa	ny is: 5/8 E. Government St.
Pensaeola, FL 32502	
11-1-67	L060000 21398
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Florida Department of State: Harold L. Davis	
313 Edgewater Pensacola, Fl City, State	ne Drive ress . 32507 e and Zip
6. The name and address of the new registered agent	
M: Call Richard 518 E. Governm	<u> </u>
Florida street address (P.0). Box NOT acceptable)
<u>Pensacola</u> <u>FL</u> City, State	D. Box NOT acceptable) 32502 AFE TO SEE T
City, State	and Zip
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative yote sotherwise provided in the articles of organization
(Signature of a member or authorized representative of a member)	
McCall Richardson (Printed or typed name of signee)	and gauge to get in this canacity. I fewther gauge to
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirmation of the confirmation of t	una agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany 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