L12000055/83

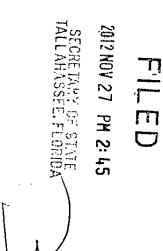
(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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J. BRYAN

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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2012

BIANCA G. LISTON, ESQUIRE MCDONALD TOOLE WIGGINS, P.A. 111 N. MAGNOLIA AVE. SUITE 1200 ORLANDO, FL 32801

SUBJECT: THE FOLDING SLIDING DOOR COMPANY, LLC

Ref. Number: L12000055183



We have received your document for THE FOLDING SLIDING DOOR COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 012A00025449

COVER LETTER

	ion Section of Corporations	•	
SUBJECT:	The Folding Sliding D Name of I	Poor Company, LLC. Limited Liability Company	-
Dear Sir or Mada	am:		
The enclosed Re	gistered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please return all	correspondence concerning	this matter to the following:	
Bianca G. List	on, Esquire Name of Person	SECRET	FILEU 2:45
McDonald Too	le Wiggins, P.A. Firm/Company	SSET OF THE PLANT	27 PH 2
111 N. Magnol	lia Ave. Suite 1200 Address		. 5
Orlando, Flor	ida 32801 City/State and Zip Code		
bliston@mtw E-mail address:	legal.com (to be used for future annual report r	notification)	
For further infor	mation concerning this matt	ter, please call:	
Bijanca G. List	on, Esq	at (407) 246-1800 Area Code & Daytime Telephone Number	_
STREET Registrati Division o Clifton Bu 2661 Exec	/COURIER ADDRESS: on Section of Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed	l is a check for the following	ng amount:	
\$25 Fi	iling Fee	\$55 Filing Fee & Certified Copy	

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:The Folding	Sliding Door Company, LLC
2. (a) Principal office address of limited liability compar	ny: 221 Strawberry Oaks Drive
(Note: MUST BE STREET ADDRESS)	Units 800 & 900 Orange City, Florida 32763
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
04/23/2012	L12000055183
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Suzanne E. Vazquez, P.A.
Registered Office Address:	319 N. Fern Creek Ave Orlando, Florida 32803
NEW Registered Agent:	Bianca G. Liston, Esq.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	McDonald Toole Wiggins, P.A. 111 N. Magnolia Ave. Suite 1200
	Orlando ,FL 32801
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
D.SHEARMAN	
Printed of typed hame of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pi and I am familiar with and accept the obligations of my pi Chapter 608, F.S. Or, if this accument is being filed to maddress. I hereby confirm that the limited liability compar	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny 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