Requester's Name  373/ Reduction Name  Address  City/State/Zip Phone #	5/49  34639  MENT NUMBER(S), (	Office Use Only (if known):
(Corporation Name)	(Document #)	و المستريسين في في يستر شريسين يستريسين في
2.	e produced	-1000040446014 -04/23/0101133016
(Corporation Name)	(Document #)	<del>*****70.00</del> *****35.00
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3(Corporation Name)	(Document #)	<u> </u>
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
Will wait	Тпососору	Certificate of Status
NEW FILINGS	<b>AMENDMENTS</b>	
☐ Profit	☐ Amendment	
Not for Profit		R.A., Officer/Director
Limited Liability Domestication	Change of Regi Dissolution/Wit	stered Agent Sco
Other	Merger	ARET &
OTUED EII INCS	REGISTRATION/	S5 N
OTHER FILINGS		UALIFICATION TT ≥ TT
Annual Report Fictitious Name	Foreign Limited Partner	
- rectious Name	Reinstatement	smp जून क्
	Trademark	
	Other	•
		Examiner's Initials 25-1

CR2E031(7/97)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of section corporation organize				7.1508, Floa Lorida	rida Stai	tutes,
submits the follo	owing statement in or	der to change it	s registered	office or reg	gistered agen	t, or bo	th, in
the State of Flor	rida.						
1. The name of	the corporation:	L.J.S. PRO	PERTIES,	INC., f,	/k/a		-
		AAA ALUMIN					
2. The mailing a	address of the corpora	tion: 3731	Redwood	Drive	-		
		Land	O'Lakes	, FL 3463	39		
3. Date of incom	poration/qualification	10/01/	<u>61</u> D	ocument nun	nber: 251	498	<del></del>
4. The name and	d address of the currer	nt registered ager	nt and office	:			
_		EY ELLIOTT					
		Financial ( Dale Mabry					
_	Tampa, FI	33618-241	σ				
5. The name and	d address of the new re	egistered agent (P. O. Box <b>Not</b>		_	ered office (i	f change	:d):
	JANET SAU	•	-	•			
-		ood Drive	<del></del>				
-		akes, FL 3	4639				
The street addre	ess of its registered of ed, will be identical.	fice and the stre	et address o	of the busines	ss office of i	ts registe	ered
Such change was authorized by the	as authorized by resol	ution duly adop	ted by its bo				
Organium	or an officer, chamman or vice	e chairman or the be	aruj	•	(ibility)		
JANET SAI	INDERS, Preside (Printed or typed name	and title)		<u> </u>	_ <del>_</del>		
Having been na corporation, I h I further agree performance of registered agen	med as registered ag ereby accept the appo to comply with the pro my duties, and I am f	ent and to accep ointment as regi ovisions of all si amiliar with an	ot service of istered agen tatutes relat d accept the	process for the tand agree to the process for	the above sto to act in this oper and cot of my position	ated Lap <b>ae</b> it Aplete A as≥	y.
Jane 1	Al Jaconson			4/15/1		23	
//	ignature of Registered Agen	(t)		(Date)			
JAM If signing on behal	NET SAUNDERS f of an entity:			·	LONI LONI	*	
	Typed or Printed Name)			(Capac	city)	<del>-8</del> -	

\* \* \* FILING FEE: \$35.00 \* \* \*