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SECRETARY OF STATE



COVER LETTER

TO:	Registration Section Division of Corporations			
SUB		REPAIR AND ALUMINUM, L.L.C. imited Liability Company)		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for fil	ling.	
Please	e return all correspondence concerning the	his matter to the following:		
EI	DWARD A. MILLIS, ESQ.			
	(Name of Person)			
M	ILLIS & JENKINS			
•	(Firm/Company)			
1.	414 W. Granada Blyd., Suite #4		2005 h SECF TALL/	E C. Miring
	(Address)		2005 NOV 28 SECRETARY ALLAHASSI	
0:	gmond Beach, FL 32174			m
	(City/State and Zip Code)	······································	PH 2: OF STATES, FLORE	Ö
For fu	rther information concerning this matter	, please call:	당다 3	
<u>गः</u>		at (386) 672-1332	, .	
	(Name of Person)	(Area Code & Daytime Telepho	one 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	\$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. The name of the limited liability company is: A & E M	MOBILE HOME REPAIR A	<u>ND ALUMINUM, L.</u> L.C
2. The mailing address of the limited liability company is:	56 McAlister Drive	<u>}</u> .
	Ormond Beach, FL 3	32174
5/21/01	L01000008025	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State:	address as shown on the	records of the
EDWARD WALITER WOOD		
Name		
56 McAlister Drive		
Address	· · · · · · · · · · · · · · · · · · ·	
Ormond Beach, FL 32174		
City, State and Zi	ip	
6. The name and address of the new registered agent and/or of	office:	
TED E, BELL		
Name		TA'S
56 McAlister Drive		
Florida street address (P.O. Box I	NOT acceptable)	2005 HOV SECRETA ALLAHAS
Ormond Beach FL	32174	V 28 V 28 V 28
City, State and Zip		The B W
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Florand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) wo for the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	rida street address of the ral. Or, in the case of a Fl	m is hereby repsiered office office office office office office office office
(Signature of a member or authorized representative of a member)		
Edward Walter Wood		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my posity Chapter 608, F.S. Or, if this document is being filed to merely address, I hereby confirm that the limited liability company hereby confirm that the limited liability company hereby the company has been sent agent) Ted E. Bell	ee to act in this capacity. er and complete performo ion as registered agent a y reflect a change in the as been notified in writin	I further agree to ince of my duties, s provided for in registered office g of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00