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Tomas Gil 828 Miramar Ct Cape Coral, FL 33904

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Examiner's Initials

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)	(Document #)	- -
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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy Certificate of State	us
NEW FILINGS □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other OTHER FILINGS □ Annual Report □ Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark	02 JUL 19 AM 10: 16
	Other	1100

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: XPF	RESS METAL WORKS, LLC
2. The mailing address of the limited liability company is:	
Cape Coral, FL. 33904	
September 11, 2001 3. Date of filing/registration in Florida	L01000015485
5. Date of nung/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State: Tomas One of the registered agent and the registered office florida Department of State:	•
2859 S.W. 132 Address	CT
Miami - Dade, FL City, State and 2	33175
6. The name and address of the new registered agent and/or	
Tomas G	il Sign
828 Miramar	4
Florida street address (P.O. Box Cape Coral, FL, 3 City, State and Zi	
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited kiability company or as otherwise the operating agreement of the limited liability company.	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited
(Signature of a member or authorized representative of a member)	-
Tomas Gil (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address. I hereby confirm that the limited liability company	ree to act in this capacity. I further 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 632	27, Tallahassee, FL 32314

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INHS18(10/99)

FILING FEE: \$25.00