LAW OFFICES
ADLER, TOLAR & ADLER
1700 N.E. 26TH STREET, SUITE 4
FORT LAUDERDALE, FLORIDA 33305

JOHN N. TOLAR (1912 - 1978) PANK C. ADLER (1919 - 1997)

RANK C. ADLER (1919 - 1997) RL W. (1919 - 1997) RL W. (1919 - 1997) RL W. (1919 - 1997)

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RE: ARTISAN REMODELING SOLUTIONS, LLC.

To Whom It May Concern:

We enclose herewith the following items, which reflect and document in the corporate records, changes which have occurred in the entity structure/ownership; to wit:

- 1. Statement of Change of Registered Office or Agent or Both for Limited Liability Company
- 2. Resignation of Manager and Change of Registered Office Address

Both of these forms are original executed documents.

3. This firm's check #002186 in the amount of \$25.00 representing the fee(s) associated with said filing.

Please contact this writer should you have any questions or comments concerning the enclosed.

Very truly yours,

DIANA C. ROSS Legal Assistant to

KÄRL W. ADLER, ESQUIRE

encs - as noted

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TELEPHONE (954

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SCONETARY UP STANDA

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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: ARTISAN	I_REMO	DEL	ING_	SOLUT	ION	S <u>, T</u>	LI.C.
2. The mailir	ng address of the limited liability company is:	2740	NE	35th	Stre	et	_	<u> </u>
		Fort	Lau	derd	ale,	FL :	3330)6
2/5/02		L020	0000	0274	8			
3. Date of fil	ing/registration in Florida	4. Do	cume	nt num	ber			
5. The name of Florida De	of the registered agent and the registered office partment of State:	address	as sh	own o	n the re	cords	of th	ne ,
	MEHRDAD ("Mike") SHO	коон	<u> </u>			货	92	
	Name 2740 NE 35th Street				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		_ 10r	8 1
	Address		-		ج ن د		1	क् राइट 9 स्
	<u>Fort Lauderdale, FL</u> City, State and Zi	.33306 ip	5	-	[n T⊆ T	.	
6. The name	and address of the new registered agent and/or o	office:			- F	ーで: 計量:	0:3	
	MEHRDAD ("Mike") SHOF	KOOHI	-		,	per- many ()	1	
	Name					***		
	3020 Northeast 32nd A Florida street address (P.O. Box							
	Ft Lauderdale FL	33308	3 .	,				
	City, State and Zip)						
confirmed the	liability company is not organized under the land after the change or changes are made, the Floress office of the registered agent will be identiced any, it is hereby confirmed that the change(s) wo of the limited liability company or as otherwise agreement of the limited liability company.	orida stre cal. Or,	eet ad in the	dress of case of	of the re of a Float by an	giste rida l	red of imite	ffice d vote of
Signature of a m	ember or authorized representative of a member)	· "-		•	•			
Mchrone (Printed or typed	"Mike") Shakachi name of signee)		-		-		-	
I hereby acc comply with and I am Chapter 698, address I he	ept the appointment as registered agent and agine the provisions of all statutes relative to the propilities with and accept the obligations of my positions. Of his document is being filed to mere rely confirm that the limited liability company with the company of the company	nor and	comn	lete ne	rtorma	nce o	t mv.	duties.
(Signature of Ro	gistered Agent) METIDDAD ("Mileo") CHOYOC	TIL						

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

INHS18(10/99)

RESIGNATION OF MANAGER and CHANGE OF REGISTERED OFFICE ADDRESS

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned HOMAYOON ("HEICK") MOUSSAVIAN, hereby resigns as a Manager for ARTISAN REMODELING SOLUTIONS, LLC.

Said resignation shall be effective with the date of this document, or June $\frac{1}{1}$, 2002.

A copy of this resignation was hand delivered to the above listed company care of its remaining Manager.

MANAGER

HOMAYOON ("HEICK") MOUSSAVIAN

If signing on behalf of an entity:

(Type or printed name)

(Capacity)

SECKETARY OF STATE TALLAHASSEE, FLORID