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DIVISION OF CULTURATION 02 NOV 12 AM 9 41

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

u	
Architectural Elements + Design of South Florida, LLC	
	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Cooks Dissolution / Withdrawal Annual Report / Reinstatement
	Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search
Signature	Fictitious Search Fictitious Owner Search Vehicle Search Driving Record
Name Date Time Walk-In Will Pick Up	UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Courier

ARCHITECTURAL ELEMENTS & DESIGN OF SOUTH FLORIDA, LLC

November 8, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Architectural Elements & Design of South Florida, LLC Document No: L02000005983

Dear Sir / Madam:

Enclosed please find the completed and duly signed Statement of Change of Registered Agent foo Limited Liability Company along with our check in the amount of \$25.00. Please accept these documents as our authorization to change the Registered Agent for our organization to read as follows:

George R. Moraitis, Jr.
Moraitis, Cofar & Karney
915 Middle River Drive
Suite 506
Fort Lauderdale, FL 33304
(954) 563-4163

Please also accept this letter as notification that we have changed our principal address to:

915 Middle River Drive Suite 506 Fort Lauderdale, FL 33304 (954) 563-4163

Please also accept this letter as authorization to change our mailing address to:

915 Middle River Drive Suite 506_ Fort Lauderdale, FL 33304 (954) 563-4163 AShould you have any questions or require any additional documentation to authorize this revision, please contact me at the above address.

Very truly yours,

Gary Delluca

Manago

F\GRM Jr\Arch Elem & Design wpd

2 NOV 12 PM 2:

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.

LC

G ,,	2 og 2 10. 2 0.						
1. The name of the limite	d liability company is:	Architectural I	Elements & [Design of S	South I	Florid	le, L
2. The mailing address of	the limited liability con	npany is : 3344	N.E. 32nd	Street			
Fort Lauderdale, FL 3		· <u>·</u>					
<u></u>				<u> </u>		- , -	 ·
03/13/2002			2000005983				
3. Date of filing/registrati	ion in Florida	4. 1	Document nun	nber			
5. The name of the register Florida Department of	ered agent and the registe State: DeLuca, Gary	ered office addre	ess as shown o	on the recor	ds of th	ie	
	761 Middle River Dri	Name ive	Ţ.	Es.	5 ''n		
	Fort Lauderdale, FL	Address		<u>.=</u>	ECRETAR	D2 NOV 12	<u> </u>
6. The name and address	of the new registered age	ent and/or office	:		SEE.	PM	FILED
	Moraitis, Cofar & Ka	rney			FST/ FLO	 ∴ 	
	915 Middle River Dri	ame ve, Suite 506	· · · · · · · · · · · · · · · · · · ·	el	ATE	0	
	Florida street address	(P.O. Box NOT	acceptable)			٠.	
	Fort Lauderdale	FL 33304					
	City, Sta	ate and Zip	 -				
If the limited liability com confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes are ma the registered agent will be confirmed that the confirmed that the confirmed that the confirmed liability liabil	de, the Florida s be identical. O change(s) was/w s otherwise prov mpany.	treet address or, in the case ere authorized	of the regist of a Florida d by an affit	tered of a limited rmative	ffice d vote	of
(Signature of a member or authori	zed representative of a member)		"	~	•		
Gary DeLuca							
(Printed or typed name of signee)			· .				
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, Lhereby confirm	ntment as registered age s of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and agree to to the proper an of my position o led to merely rej company has b	act in this ca nd complete pe is registered a flect a change een notified in	pacity. I further pacity. I further pacity as pro- in the region of writing of	rther as of my d ovided f stered c this ch	gree to luties, lor in office ange.	<i>o</i>
							
(Signature of Registered Agent)	•	-					

FILING_FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)