10200000210199

. •
(Requestor's Name)
FLORIDA ROOMS & WINDOWS LLE G 270 EDGEWATER DR. UNIT 3700 GRL. FL. 32810
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
2/12 K/A change
LO2 - 26689

Office Use Only

500027401295

02/12/04--01044--011 **25.00

隐制

04 FEB 12 M 9: 36

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: Florida Rooms & Windows, LLC 2. The mailing address of the limited liability company is : 6270 Edgewater Drive, Unit 3700, Orlando, Florida 32810 L02000026689 10/09/02 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Terrance Moore Name 801 International Parkway, 6th floor Address Lake Mary, Florida 32746 City. State and Zip 6. The name and address of the new registered agent and/or office: Douglas A. King 5586 Clarion Oaks Drive Florida street address (P.O. Box NOT acceptable) 32808 Orlando City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby on the number of the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. mber or sufficient representative of a member) Douglas A. King (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this accument is being filed to merely reflect a change in the registered office address, I hereby confirm that the typited liability company has been notified in writing of this change.

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

DTHS: 8(10/99)

FILING FEE: \$25.00