## L03000011129

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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 limit	ited liability compa	any is: R&DI	nstall, L.L.C.	<u> </u>
2. The mailing address				l, Orlando, FL
32829	<u></u>			
3/28/03			L03000011129	
3. Date of filing/registr	ation in Florida	<del></del>	4. Document num	ber
5. The name of the regis Florida Department of			ce address as shown or	n the records of the
	337 Flyrod Ci	Name ircle		
	Orlando, FL 3		7:	2005 T
6. The name and addres	es of the new regist	City, State and	-	ES DE
o. The name and address	Melanie Krbe	•	·	ILED 19 PM HASSEE,
	4966 Quality Trail		PILED PH 3: 55 IN OF CORPORATION OF	
	Florida street	address (P.O. Bo	x NOT acceptable)	RION S
	Orlando	FL 328	329	U
		City, State and Z	Lip	
If the limited liability of confirmed that after the and the business office liability company, it is the members of the limit the operating agreement (Signature of a member or author)	change or changes of the registered as nereby confirmed to ited liability compa t of the limited liab	s are made, the Figent will be ident hat the change(s) any or as otherwipility company.	laws of the State of Florida street address of the case of tical. Or, in the case of the case provided in the art	lorida, it is hereby of the registered office of a Florida limited by an affirmative vote offices of organization or
Melanie Krbec-Haye		<u> y y y </u>	·	re
(Printed or typed name of signo I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address)! hereby confit (Signature of Registered Agent	pointment as regist ons of all statutes t and accept the obli if this document is in that the limited	tered agent and a relative to the pr igations of my po being filed to me liability compan	agree to act in this cap oper and complete pe osition as registered a crely reflect a change y has been notified in	pacity. I further agree to rformance of my auties, gent as provided for in in the registered office writing of this change.

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

INHS18(10/99)

**FILING FEE: \$25.00**