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### KAKLIS, VENABLE & WITT, P.A.

#### ATTORNEYS AT LAW 1400 4TH AVENUE WEST, BRADENTON, FLORIDA 34205

V. WILLIAM KAKLIS JOSEPH P. VENABLE RONALD E. WITT

TELEPHONE:

941-747-1180

FACSIMILE:

941-746-9252

WEBSITE:

www.kvwlaw.net

EMAIL:

ron@kvwlaw.net

February 8, 2008

**Division of Corporations** P.O. Box 6327 Tallahassee, FI 32314

Re:

AAA Architectural, LLC

To Whom It May Concern:

Enclosed please find the original Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced corporation, along with a check in the amount of \$25.00 for filing fee.

If you have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

RONALD E. WITT

REW/sw Enclosures

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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: AAA ARCHITECTURAL, L	LC	
	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Richard B. Cary		
(Name of Person)		
AAA ARCHITECTURAL, LLC	<del></del>	
(Firm/Company)		
1751 12th Street East		
(Address)	<del></del>	
Palmetto, FL 34221		
(City/State and Zip Code)	<del></del>	
For further information concerning this mat	ter, please call:	
Richard B. Cary	at ( 941 ) 320-9138	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
<b> ✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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.

	nited liability company is:		·
2. The mailing address	ss of the limited liability con	npany is : <u>1751 12th Street East, P</u>	almetto, FL 34221
07/25/2003		L03000027417	
3. Date of filing/registration in Florida		4. Document number	•
5. The name of the reg Florida Department		ered office address as shown on the	he records of the
	Steven Kosoff		
		Name	
	1751 12th Street East	ddraes	_
Address Palmetto, FL 34221		duless	ZK 60 T
		tate and Zip	FOR THE
6. The name and addre	ess of the new registered ago	ent and/or office:	11 PM 12: 19 TARY OF STATE HASSEE FLORID
	Richard B. Cary		표의 로
		ame	LIST ST.
	1751 12th Street East		19 REF
	Florida street address	(P.O. Box NOT acceptable)	D'
	Palmetto	FL 34221	<del></del>
	City, Sta	ate and Zip	
confirmed that after the and the business office liability company, it is of the members of the	te change or changes are ma e of the registered agent will s hereby confirmed that the	nder the laws of the State of Floride, the Florida street address of the law identical. Or, in the case of a change(s) was/were authorized by as otherwise provided in the art company.	he registered office Florida limited an affirmative vote
(Signature of a member or au	thorized representative of a member	)	
_			
Printed or typed name of sig	B CARY	<del></del>	
I hereby accept the all comply with the providing and I am familiar with Chapter 608, F.S. Or address, I hereby confident	opointment as registered ag sions of all statutes relative and accept the obligations if this document is being fi firm that the limited liability	ent and agree to act in this capac to the proper and complete perfo of my position as registered agen led to merely reflect a change in t company has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
(Signature of Registered Age	ent)	<del></del>	

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