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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.

agent, or boin, in the stat	5				
1. The name of the limite	ed liability company is:	ASAP ALUM	INUM, LLC		
2. The mailing address of				OR DRIVE	
TAMPA, FLORIDA 33					
07/28/2003		L	L03000027 33		
3. Date of filing/registrat	ion in Florida	4.	4. Document number		
5. The name of the register Florida Department of			ress as shown on the	records of the	
	12113 CLEAR HAR				
	TAMPA, FLORIDA	Address 33626 State and Zip			
6. The name and address	of the new registered ag	ent and/or office	e:	3	
	JEFFERY A. FREY			<b>°†0</b> √100 538	
	5503 TERRAIN de	lame GOLF DRIVE		FIL SECRETARY D4 JAN 12	
	Florida street address	(P.O. Box <b>NO</b> 7	Γ acceptable)	سر بسر	
	LUTZ, FL. 33558	FL		OF STATE Am 11:28	
	City, St	tate and Zip		28 SA	
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of	npany is not organized unange or changes are ma the registered agent will reby confirmed that the d liability company or a of the limited liability co	inder the laws of ade, the Florida and the identical. Contained the change of the contained and the change of the contained the	f the State of Florida street address of the Dr, in the case of a Fl vere authorized by as vided in the articles	, it is hereby ? registered office lorida limited a affirmative vote of of organization or	
(Signature of a member or authori	lized representative of a member	-)	•		
HCMY C. ICK (Printed or typed name of signee)	•				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or If the address Mereby Confirm	intment as registered ag s of all statutes relative d accept the obligation s his document is being st that the limited liability	ent and agree to to the proper as of my position teled to merely re	o act in this capacity nd complete perform as registered agent of flect a change in writing	. I further agree to cance of my duties, provided for in registered office	

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

INHS18(10/99)

**FILING FEE: \$25.00**