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EXAMINER

COVER LETTER

Registration Section

TO:

INHS18 (5/08)

Division of Corporations Pitcher Window LLC **SUBJECT:** Name of 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 this matter to the following: Terrance Pitcher Name of Person Pitcher Window LLC Firm/Company 345 10th St Address Holly Hill FI 32117 City/State and Zip Code daytonawindow@cfl.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Terrance Pitcher 386 Name of Person Area Code & Daytime Telephone Number **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy **√** \$25 Filing Fee ,

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. Name of the limited liability company:	Pitcher Window LLC
2. (a) Principal office address of limited liability company:	345 10th St
(Note: MUST BE STREET ADDRESS)	Holly Hill, 4 32/17
(b) Mailing address of limited liability company:	Same
(Note: MAY BE POST OFFICE BOX)	
·	103000030741
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on th	
Registered Agent:	aniel S. Friebis
Registered Office Address:	3890 Turtle Creek Dr. Port Orange Fl 32127
-	Β ω _
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address
NEW Registered Agent:	Terrance Pitcher
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	345 10th St
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	www. of the State of Florida It is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Terrance Pitcher Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to ser and complete performance of my duties, ition as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.
Sensitive of Periotered Agent	

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