## LC3CCC461371

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PICK-UP WAIT MAIL		
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SECRETARY OF STATE

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TO: Registration Section Division of Corporations	"
Division of Corporations	
DICHADE	D DOV CARINET INCTALL ATION I.I.O
	O R ROY CABINET INSTALLATION, LLC Name of Limited Liability Company
1	value of Enimed Liability Company
Dear Sir or Madam:	
The analogad Decistand Acout/De	cistand Office Change and for(s) are submitted for filing
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Richard R R	toy ,
Name of Person	
Richard R Roy Cabinet Ir	nstallation, LLC
Firm/Company	
11373 SW Mountain	Ash Circle
Address	
Port St. Lucie, FL City/State and Zip Co	
City/state and Zip Ct	ode .
hdvavavoom@grr	nail com
E-mail address: (to be used for future and	nual report notification)
For further information concerning	this matter please call:
1 of factor finormation concerning	mis matter, prease carr.
Richard R Roy	209 0760
Name of Person	at ( 772 ) 398-0760  Area Code & Daytime Telephone Number
STREET/COURIER ADDRI Registration Section	ESS: MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	ranandooo, riorida 52517
Enclosed is a check for the	following amount:
\$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.

1. Name of the limited liability company:Richard	d R Roy Cabinet Installation, LLC		
2. (a) Principal office address of limited liability company:			
(Note: MUST BE STREET ADDRESS)	6526 S Kanner Highway, # 192 Stuart, FL 34997		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	6526 S Kanner Highway, # 192 Stuart, FL 34997		
01/03/2004	L03000046137		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	Richard R Roy		
Registered Office Address:	Richard R Roy Cabinet Installation, LLC 10280 SW Stephanie Way, # 202 Port St. Lucie, FL 34997		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> :			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Richard R Roy Cabinet Installation, LLC 11373 SW Mountain Ash Circle Port St. Lucie ,FL 34987		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.  Signature of a member or authorized representative of a member			
Richard R Roy Printed or typed name of signee	<del>_</del>		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of and I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company Signature of Registered Agent  Division of Corporations, P.O. Box 63	roper and complete performance of Auties osition as registered agent as provided for interest reflect a change in the registered office by has been notified in writing of this change.		
FILING PER.			