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SECRETARY OF STATE DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2006

JEANNE GAZLAY 1418 IMPATIENS CT NEW PORT RICHEY, FL 34655

SUBJECT: A+ SEAMLESS GUTTERS, LLC

Ref. Number: L03000051809

OF OCT -6 AH 10: 50

We have received your document for A+ SEAMLESS GUTTERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form _

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 706A00055141

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: A + Seamless Gu (Name of	Hers, Luc. 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:		
Jeanne Gazlay (Name of Person)			
(Firm/Company)	SECRETAR DIVISION OF C 06 OCT -6		
New Port Richey FL 36 (City/State and Zip Code)	AM IO		
For further information concerning this mat	tter, please call:		
Jeanne Gazlay (Name of Person)	at (<u>813</u>) <u>765-7956</u> (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	ing amount:		
\$25 Filing Fee	Previously submitted chack for \$35.00 Please see enclosed letter from Joey Bryan.		
INHS18 (8/05)	Joey Bryan.		

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.

200, 07 00,00, 00 0,00	y			
1. The name of the limited	liability company is: _	A+ Seamless	s Gutters, 1	<u> LC.</u>
2. The mailing address of t	he limited liability com	npany is: 1418 =	Impatiens C	
Trinity FL 3	4655			
12-10-2003 3. Date of filing/registration	<u> </u>	<u>LD30</u> 4. Docume	00051809 ent number	
6. The name and address of	Tallahassec City, S the new registered age	Service Comp Name Street ddress FL 32301 tate and Zip	any	SECRETARY OF STATIONS OF OCT -6 AM IO: 50 SECRETARY OF STATIONS OF OCT -6 AM IO: 50
	_	FL 34655 ate and Zip		
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limi or the operating agreement	inge or changes are man registered agent will by confirmed that the coted liability company of the limited liability	de, the Florida street ad be identical. Or, in the change(s) was/were autor as otherwise provided company.	ldress of the registe e case of a Florida thorized by an affin	ered office limited mative vote
Richard Gazla (Printed or typed name of signee)	4			
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if th address, I hereby confirm t	tment as registered ag of all statules relative accept the obligations is document is being fi hat the limited liability	ent and agree to act in to the proper and comp of my position as regis led to merely reflect a c company has been not	this capacity. I fur plete performance of tered agent as prov change in the regist ified in writing of th	ther agree to of my duties, vided for in tered office his change.
(Signature of Registered Agent)				

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