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DOCUMENT # L03000058130 1. Entity Name COLLINS ALUMINUM, LLC				FILED 2004 NOV 10 A 9:42 34010599 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2207 N.W. GARVIN AVE. ARCADIA, FL 34266		Mailing Address 2207 N.W. GARVIN AVE. ARCADIA, FL 34266			
2. Principal Place of Business 2207 N.W. Garvin Ave Delta, Apt. 9, etc.		2. Mailing Address 2207 N.W. Garvin Ave Delta, Apt. 9, etc.			
City & State Acadia FL Zip 34266		City & State Acadia, FL Zip 34266			
Country Desoto		Country Desoto			
3. Name and Address of Client Registered Agent COLLINS, TIMOTHY J SR. 2207 N.W. GARVIN AVE. ARCADIA, FL 34266		Name Street Address (P.O. Box Number is Not Acceptable) City State FL		4. FID Number Applied For ☒ (Not Applicable)	
5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required.		05302004 Cnp-LLC CR2E082 (10/03)	
SIGNATURE Signature, Signature of Client Registered Agent and one if applicable. (P.O. Box Registered Agent signature required when registering)		7. Name and Address of Agent Registered Agent			
Filing Fee is \$20.00 Due by September 8, 2004		State check payable to: Florida Department of State			
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES			
TITLE President NAME TIMOTHY J COLLINS SR. STREET ADDRESS 2207 N.W. GARVIN AVE. CITY-STATE-ZIP ARCADIA FL 34266		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition			
TITLE Secretary NAME Joyce Collins STREET ADDRESS 2207 N.W. Garvin Ave CITY-STATE-ZIP ARCADIA FL 34266		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition			
TITLE Vice President NAME Jeffrey Collins STREET ADDRESS 2207 N.W. Garvin Ave CITY-STATE-ZIP ARCADIA FL 34266		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition			
TITLE Officer NAME Tim Collins Jr. STREET ADDRESS 2207 N.W. Garvin Ave. CITY-STATE-ZIP ARCADIA FL 34266		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(c), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, and that I am a managing member or manager of the limited liability company or the partner or partner employed to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: Timothy J. Collins 7/6-04

SIGNATURE AND TITLE ON REPORT OF LIMITED LIABILITY COMPANY, PARTNER, OR PARTNER EMPLOYED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 605, FLORIDA STATUTES.