12040000028442

(Requestor's Name)
13735 DOUBLETICE Troit WPB FUA 33414
(City/State/Zip/Phone #)
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(Business Entity Name)
(Dusiness Littly Name)
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 24, 2004

ANDOVER HOLDINGS, LLC 13735 DOUBLETREE TRAIL WEST PALM BEACH, FL 33414

SUBJECT: ANDOVER HOLDINGS, LLC

Ref. Number: L04000038442

We have received your document for ANDOVER HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 504A00041749

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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.

1. The name of the limited liability company is: ANDOVER HOLDINGS, LLC

TRAIL - WELLINGTON,

2. The mailing address of the limited liability company is : 13735 DOUBLETREE

MAY 20, 2004
5. The name of the registered agent and the registered office address as shown on the records of the
Florida Department of State:
MARIO 6. DE MENDOZA, III, P.A.
MARIO G. DE MENDOZA, III, P.A. Name 12765 FOREST HILL BLVD. SUITE 1302 Address
Address
WELLINGTON, FL 334/4 City, State and Zip
6. The name and address of the new registered agent and/or officer
o. The name and address of the new registered agent and/of officer
[A. D. G.] AUTOMATED PLASTICS Group. 13955 S.W. 144 STREET.
13955 S.W. 144 STREET
Florida street address (P.O. Box NOT acceptable)
MAMI. FI. 33186
MIAMI, FL 33186 City, State and Zip
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) MONSERRATT BRINKMANN (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I feether agree to comply with the provisions of all statutes relative to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, of this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
INHS18(10/99) FILING FEE: \$25.00