64000064894

(Requestor's Name)						
(Address)						
(Address)						
•						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
,						
· ·						

Office Use Only



700109170897

10/01/07--01040--007 **25.00

SECRETARY OF STATE



COVER LETTER

•	ation Section on of Corporations	•				
SUBJECT: <u>F</u>	Andrews Roofing LL (Name	C of Limited Liabi	lity Company)			
Dear Sir or Ma	adam:					
The enclosed I	Registered Agent/Registere	ed Office Change	e and fee(s) are submitted	for filing	;.	
Please return a	ll correspondence concern	ing this matter to	the following:			
Wanda He	nsley					
	(Name of Person)		_			
Andrews R	Roofing LLC (Firm/Company)			n * \		
	(rum/company)			SEC	7007 C	
2280 SW 7	0TH AVE. #9				0CT - I	j j
	(Address)		_	RY O		7 6
DAVIE	FL	33317		OF SI	ñill: 15	
	(City/State and Zip Code)		_	ETE.	: 15	
For further info	ormation concerning this n	natter, please cal	:			
Wanda Hen		at (_214	662-5546			
	(Name of Person)		(Area Code & Daytime T	elephone	: Numl	er)
Registra Divisior Clifton I 2661 Ex	T/COURIER ADDRESS: ation Section of Corporations Building accutive Center Circle assee, Florida 32301	Reş Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
Enclose	ed is a check for the follo	wing amount:				
\$25]	Filing Fee	55 Filing Fee & Certified	Сору			

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: Andrews Roofing LLC 2. The mailing address of the limited liability company is: 2280 SW 70th Ave Ste 9 Davie, Florida 33317 09/01/04 L04000064896 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Wanda Hensley Name 1500 N Florida Mango Dr. Ste 12 Address West Palm Beach, Florida 33409 City, State and Zip 6. The name and address of the new registered agent and/or office: Wanda Hensley 2800 E Sunrise Blvd #19f Florida street address (P.O. Box NOT acceptable) Sunrise 33304 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) Bruce E Hollingsworth

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in 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)