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(Requestor's Name)	
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(Address)	
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Sarasota, FL 34343 (City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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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: 123	Framing, LLC	
2. The mailing address of the limited liability company is:	\$ 4018 Lisbon Place	
	Surasota, FL 34231	
11/19/04	L04000084017	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State:		
Gary Hoftma Name	<u>^</u>	
4018 Lisbon	Place_	
Gary Hoffma Name 4018 Lisbon Address Sarasota, FL City, State and Z	34231	
6. The name and address of the new registered agent and/or		
Gary Hoffma	n	
8051 N. Tamian	n Trail, Bux 28	
Florida street address (P.O. Box	- · · · · · · · · · · · · · · · · · · ·	
Sarasota, FL City, State and Zi	3424 <u>></u>	
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.		
Day Hoffman		
(Signature of a member or authorized representative of a member)		
Gary Hottman (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer- address, hereby confirm that the limited liability company (Standwood Registers Agent)	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
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FILING FEE: \$25.00