

LD5 000053794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

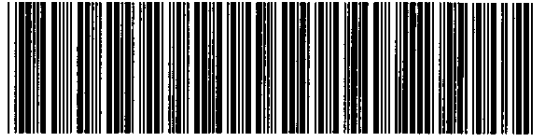
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LD5-53794  
AR

**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.*

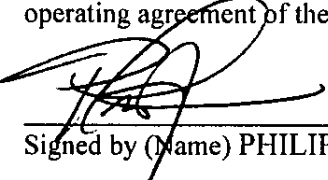
1. The name of the limited liability company is: PHILIP JOHNSON WINDOW REPAIR, LLC
2. The mailing address of the limited liability company is: 6539 BURNHAM CIRCLE  
PONTE VEDRA BEACH FL 32082
3. Date of filing/registration in Florida: 05/31/2005
4. Document Number: L05000053796
5. The name of the registered agent and the registered office as shown on the records of the Florida Department of State:

Name: PHILIP JOHNSON  
Address: 6539 BURNHAM CIRCLE  
City, State Zip: PONTE VEDRA FL 32082

6. The name and address of the new registered agent and/or office:

Name: All Florida Firm Inc  
Address: 813 Deltona Blvd, Suite A  
City, State Zip: Deltona, FL 32725

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 the 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.

  
Signed by (Name) PHILIP JOHNSON, as MGR (Title)

Date: 8-30-07

*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 obligation of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signed by Devin Newman as assistant secretary of All Florida Firm Inc, Registered Agent

Date: 9/14/07

\*\*\* FILING FEE: \$25.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314

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