L05000080928

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AUG 4 2010

EXAMINER

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300183642053

08/02/10--01012--024 **100.00

SEGRETARY OF STATE,

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. Name of the limited liability company: <u>UNIVER</u>	<u>SAL WINDOW SOLU</u>	<u> FIONS, LLC</u>
2. (a) Principal office address of limited liability company		venue West
(Note: MUST BE STREET ADDRESS)	Bradenton, FL 34203	
(MOST DE STREET ADDRESS)	Braueriton, FL 34203	
(b) Mailing address of limited liability company:	(same)	
(Note: MAY BE POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
- 08/16/2005	L050000809	9 28
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De	ept. of State:
Registered Agent:	Blalock, Walters, Held &	Johnson P.A.
Registered Office Address:	802 11th Street West	
	Bradenton, FL 34205	
	——————————————————————————————————————	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addre	<u>ss</u> :
<u>NEW</u> Registered Agent:	Charles J. Bartlett, Esqu	ıire
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2033 Main Street, Suite 600	
•	Sarasota	,FL <u>34237</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of amember of authorized epresentative of a member	Florida street address of the retical. Or, in the case of a Florida was were suthorized by an	egistered office Fidentimited
Printed or typed name of signce Managing		15 S.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Oraif this document is being filed to me address, I hereby confirm that the limited liability company	ngree to act in this capacity. Oper and complete performa Osition as registered agent as Erely reflect a change in the in Ny has been notified in writin	I further agree to ince of my duties, s provided for in registered office g of this change.
Signature of Registered Agent		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00