L05000/08088

·	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	A. LUNT
	DEC 3 1 2008

EXAMINER

Office Use Only



800139151968

12/29/08--01030--008 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
	ODELING CENTER LLC of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following: TALLAHASS TALLAHASS
JORGE LUIS GUT/ (Name of Person)	TARY OF STATE FLORI
HOUSE REHODELING (Firm/Company)	CENTER LLC
12850 W SRBY #	±3-20 r
PAUIE FL 333 25 (City/State and Zip Code)	<u> </u>
For further information concerning this ma	tter, please call:
JORGE LUIS GUTJERAL (Name of Person)	786) 4266350 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
🙇 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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 of	company: <u>House</u>	REMODEL	1116	CENTER	LLC
2. (a) Principal office address o (Note: MUST BE STRE	f limited liability compan	y: <u>12850</u> #13-22	W 6	5R 84 5325	
(b) Mailing address of limited (Note: MAY BE POST		_SAME	AS	OFFICE.	
1//07/05 3. Date of filing/registration in F	Florida	4. Document num		08BC	7
5. (a) Registered Agent and Re				ent of State:	m
Registered Agent:	gistered office shown on	JORGE LU		1 1 3	O
Registered Office Addres	ss:	12850 ω	SR8	《#翻提	
		DAVIE FL	- 333	25	
(b) Enter name of NEW Reg	istered Agent and/or NE	W Registered Offi	ice addre	ess:	
NEW Registered Agent:		_5 ANE	AG	ENT	
<u>NEW</u> Registered Office (MUST BE FLORIDA S	Address: STREET ADDRESS)	12850 #3-20 DAVIE	w 5	R 84 ,FL_33325	
If the limited liability company is that after the change or changes office of the registered agent will hereby confirmed that the chang liability company or as otherwise limited liability company.	are made, the Florida stre	et address of the reg	gistered c nited liab	office and the busin ility company, it is	ess
7.	semative of a member)				
(Printed or typed name of signee)	UTIERREZ	_			
I hereby accept the appointment comply with the provisions of all am familiar with and accept the F.S. Or, if this document is bein confirm that the limited liability	t as registered agent and i I statules relative to the problegations of thy position obligations of thy position of filed to merely reflect a company has been notifie	agree to act in this oper and complete i as registered ager change in the regis d in writing of this	capacity. performe it as proy stered off change.	I further agree to ance of my duties, o vided for in Chapte ice address, I herei	and I r 608, by
	A/ 7				

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

INHS18 (05/08)

(Signature of Registered Agent