## 106000009558

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| (Document Number)       |                   |             |  |  |
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SECRETARY OF STATE SECRETARY OF CORPORATIONS

## **COVER LETTER**

| Division of Corporations                      |  |                             |
|---|--|-----------------------------|
| SUBJECT: Hurricane Garage Doors (Name of Li   | imited Liability Company)                      |                             |
|   |  |                             |
| Dear Sir or Madam:                            |  | •                           |
| The enclosed Registered Agent/Registered Of   | ffice Change and fee(s) are submitted for fili | ng.                         |
| Places return all correspondence concerning t | this matter to the following:                  |                             |
| Please return all correspondence concerning t | ins matter to the following.                   |                             |
|   |  |                             |
| Yamil Torres                                  |  |                             |
| (Name of Person)                              |  |                             |
|   |  |                             |
| Hurricane Garage Doors (Firm/Company)         |  | 01VI                        |
| (rim/company)                                 |  |                             |
| 7107 NW 58th st                               |  | SECRETARY<br>DIVISION OF CO |
| (Address)                                     |  | 3 600                       |
|   |  | POR                         |
| Tamarac FL 33321                              |  | ORPORATIONS                 |
| (City/State and Zip Code)                     |  | 80 X                        |
|   |  |                             |
| For further information concerning this matte | er, please call:                               |                             |
| •   | •  |                             |
| Carlos A. Betancur                            | at ( 954 ) 326-1695                            |                             |
| (Name of Person)                              | (Area Code & Daytime Telepho                   | ne Number)                  |
|   |  |                             |
| STREET/COURIER ADDRESS:                       | MAILING ADDRESS:                               |                             |
| Registration Section                          | Registration Section                           |                             |
| Division of Corporations                      | Division of Corporations P.O. Box 6327         |                             |
| Clifton Building 2661 Executive Center Circle | Tallahassee, Florida 32314                     |                             |
| Tallahassee, Florida 32301                    | Turminasco, Fronta 52511                       |                             |
| Enclosed is a check for the following         | g amount:                                      |                             |
| <b>✓</b> \$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. The name of the limits   | d liability company is: Hurricane  | Garage Doors   |  |
|---|--|--|--|
|   |  |  |  |
| 2. The mailing address of   | the limited liability company is   | : 8390 Sands Point Blvd F302,  | <u></u> :  |
| Tamarac FL, 33321   |  |  |  |
| 01/27/2006  |  | L06000009558   |  |
| 3. Date of filing/registration  | on in Florida  | 4. Document number   |  |
| 5. The name of the register Florida Department of S   | red agent and the registered offi<br>State:  | ce address as shown on the rec   | ords of the  |
|   | UNITED STATES CORPORAT   | ION AGENTS, INC.   |  |
|   | Name 1111 LINCOLN RD SUITE 40  | <b>1</b>   |  |
|   | Address  | <u>, , , , , , , , , , , , , , , , , , , </u>  | <b>9</b>   |
| MIAMI BEACH FL 33139 US   |  | SION   |  |
|   | City, State and  | Zip  | SECRETARY<br>SECRETARY<br>O7 JUL 23  |
| 6. The name and address of the new registered agent and/or office:  |  |  |  |
|   | Yamil Torres   |  | or A   |
| Yamil Torres  |  | SHOILI   |  |
|   | Florida street address (P.O. Bo  | x NOT acceptable)  |  |
|   | Tamarac FL 33  | 321  |  |
|   | City, State and 2  | Zip  |  |
| confirmed that after the chand the business office of liability company, it is her of the members of the lim  | apany is not organized under the nange or changes are made, the I the registered agent will be idented to confirmed that the change (so ited liability company or as other than the limited liability company or as other than the limited liability company or a so that of the limited liability company or as other than the limited liability company or a so that of the limited liability company or a so that of the limited liability company or a so that of the limited liability company or a so that of the limited liability company or a so that of the limited liability company or a so that of the limited liability company or a so that of the limited liability company or a so that of the limited liability company or as other than the liability or | Florida street address of the reg<br>tical. Or, in the case of a Flori<br>b) was/were authorized by an atterwise provided in the articles                                      | istered office   |
| 1 /m 0  | 3-/  |  |  |
| (Printed or typed name of signee)   | DETANCOL   | <del></del>  |  |
| I hereby accept the appoing comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address I hereby confirm (Signature of Registered Agent) | ntment as registered agent and a<br>s of all statutes relative to the pi<br>d accept the obligations of my po<br>his document is being filed to ma<br>that the limited liability compar  | igree to act in this capacity. I<br>oper and complete performant<br>osition as registered agent as per<br>erely reflect a change in the re<br>y has been notified in writing o | further agree to<br>ce of my duties,<br>provided for<br>gistered office<br>of this change. |
| // Divisio  | n of Corporations, P.O. Box 6  |  |  |
| 1/ / /  | FILING FEE: S  | 25.00  |  |