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DIVISION OF CONTORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Aries Metals, LLC (Name of Limit	ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Marianne Ball (Name of Person)	
Aries Metals LLC (Firm/Company)	
645 NW Enterprise Dr. (Address)	Suite 102
Port St. Lucie, FL 349 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, p	lease call:
Marianne Ball at ( (Name of Person)	(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 following an	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

## 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: Actes Metals, LLC		
2. The mailing address of the limited liability company is: 645 NW Enterprise	Dr	ive
Suite 102 Port St Lucie FL 34986		
Feb. 7, 2006  3. Date of filing/registration in Florida  L 060000 13498 4. Document number		
5. The name of the registered agent and the registered office address as shown on the record Florida Department of State:    Marianne Ball   Name	of to ds of the	SECRETARY OF STATE  DIVISION OF CORPORATIO
Florida street address (P.O. Box NOT acceptable)  Rod St Lucie FL 34986  City, State and Zip	55	JOK.
If the limited liability company is not organized under the laws of the State of Florida, it is confirmed that after the change or changes are made, the Florida street address of the regist and the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an affir of the members of the limited liability company or as otherwise provided in the articles of or the operating agreement of the limited liability company.	ered o limite mativ	office ed e vote
(Signature of a member or authorized representative of a member)		
Marianne Ball		
(Printed or typed name of signec)  I hereby accept the appointment as registered agent and agree to act in this capacity. I fur comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligations of my position as registered agent as pro-Chapter 608. F.S. Or, if this document is being filed to merely reflect a change in the regist address! I hereby confirm that the limited liability company has been notified in writing of the confirmation.	ther of my vided tered this cl	agree to duties, for in office hange.
(Signature of Registered Agent)		
John Folcy Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		