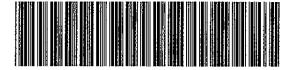
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Express Shutters LLC (Name 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 this matter to the following:
Orlando Dugue. (Name of Person)
Orlando Jugue. (Name of Person) Express Shutters UC (Firm/Company) 13754 SW 8454 (Address)
13754 SW 8454
Momi St 33/83 (City/State and Zip Code)
For further information concerning this matter, please call:
Orlando Dogue at (305) 793/526 (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 amount:
\$25 Filing Fee \$\times \text{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 limited liability company is: _	Express Shutters, LLC
2. The mailing address of the limited liability com	pany is: 16235 SW 107 AUE
Mami F	L 33157
February 13,2006 3. Date of filing/registration in Florida	206000015314
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State: Thon Name of the registered agent and the register	red office address as shown on the records of the London D Jame 107 Approximately
Klami i	Idress FC 33/57 ate and Zip
6. The name and address of the new registered ager Patricia 13754 Su Florida street address (I Miami City, State	Dugue SSEE 3 me 84 5+ P.O. Box NOT acceptable) FL 33183
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability company or the operating agreement of the limited liability	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.
Orlando Digue. (Printed or typed name of signee)	
Satterie elye	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in did not be the company that the company has been notified in writing of this change.
(Signature of Registered Agent)	_

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