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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Acm 15 Awning Name of Limited I	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
GARY R. Nodlor Name of Person		
Firm/Company	2009 SE TALL	
1119 GRETCHEN Ct	CRETAR LAHASS	
We will be City/State and Zip Code	SECRETARY OF STATE ALLAHASSEE, FLORID	
E-mail address: (to be used for future annual report notification)	Com	
For further information concerning this matter, please call:		
CARY R. No der at 9	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:		

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

agent, or both, in the state of Prortag.	•
1. Name of the limited liability company: Acm E	AUNING + CANUAS HC
2. (a) Principal office address of limited liability company	v: 1119 GREYChen Bl.
(Note: MUST BE STREET ADDRESS)	Venice, Kl. 34293
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	5 Ame AS phove
3-4-06	1060000 46155
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	A1A REGISTERED AGENT INC.
Registered Office Address:	5647 110TH AVENUE WORTH ROYAL PALM BEACH 会 33種1
	SSR F
(b) Enter name of NEW Registered Agent and/or NEY	
NEW Registered Agent:	GARY Nodlas NO
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11.9 GREYCEREN CT) 1/en a e FL 34347
YOU TO BE THE LOW COMMENT OF THE COM	-0
If the limited liability company is not organized under the legislated that after the change or changes are made, the Fland the business office of the registered agent will be ident 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	lorida street address of the registered office
Signature of a member or authorized representative of a member	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of I am familiar with and accept the obligations of my pochapter 608. S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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