06000051281

(Requestor's Name)				
•				
(Address)				
,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
•				
(Business Entity Name)				
(Sasmoss Entry Harroy				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				
,				

Office Use Only



800160833988

09/21/09--01031--014 **25.00

FILED
2009 SEP 21 AM 10: 50
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

SEP 2 2 2009

EXAMINER

COVER LETTER

Division of Corporations				
CIID IECT.	AliGutter II	r.		
SUBJECT:	lame of Limited Liability	,, , , , , , , , , , , , , , , , , , ,	,	
Dear Sir or Madam:				
The enclosed Registered Agent/Reg	victered Office Change an	d fee(s) are submitted for	filino	
		•		
Please return all correspondence co	ncerning this matter to the	e following:		
Michael Sim	on			
Name of Person		, -	•	·- •- ** **
		·n.	2009 SEP 21 AM 10: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
AllGutter Ik Firm/Company	<u> </u>		ECT S	TI
i ma company			誓2	FILED
2722 E. Cana	I Rd		P21 F	M
Address			五 五	O
			COLD ST.	
Deltona, Fl. 32	2738		Will be	>
City/State and Zip Co			7	
Mike Callgutte	Cicom			
E-mail address: (to be used for future and	unal report notification)			
For further information concerning	this matter, please call:		·	
Michael Simon	at (<u>407</u>)	695-0325		
Name of Person	Are	a Code & Daytime Telephone Nu	mber	
STREET/COURIER ADDR	ESS: MAIL	ING ADDRESS:		
Registration Section		ation Section		
Division of Corporations		on of Corporations ox 6327		
Clifton Building 2661 Executive Center Circle		ussee, Florida 32314		
Tallahassee, Florida 32301	•			
Enclosed is a check for the	following amount:			
\$25 Filing Fee	\$55 F	Filing Fee & Certified Cop	ру	

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHFOR 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 company:	AllGutter LLC			
2. (a) Principal office address of limited liability company	2722 E Canal Rd			
(Note: MUST BE STREET ADDRESS)	Deltona, Fl. 32738			
(b) Mailing address of limited liability company:	AllGutter LLC			
(Note: MAY BE POST OFFICE BOX)	2722 E canal Rd Deltona, Fl. 32738			
04/02/2006	G06093900197			
3. Date of filing/registration in Florida	4. Document number $100-5128$			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Michael Simon			
Registered Office Address:	300 Sheoah Blvd #404 Winter Springs, Fl. 32708			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address 2				
NEW Registered Agent:	PRO A			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	AllGutter LLC 2722 E Canal Rd Deltona FL32738			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member				
Michael Simon 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 pround I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me 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 y 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