100000196848

(Requestor's Name)
(Acquestor 5 Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
- Charles and a company of the compa
$\mathcal{D}_{\mathcal{B}}$

Office Use Only



100109625291

09/20/07--01015--014 **25.00

O7 SEP 20 PM 12: 52
SECRETARY OF STATE
TALL AHASSEF, FLORIO

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Andes Clay Roof Tile, LI (Name of I	LC Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Gregory J. Monaghan	
(Name of Person)	
Andes Clay Roof Tile, LLC	07
(Firm/Company)	SEP 20 CRETARY LAHASS
10382 SW 98th Lane	20 ARRY SSE
(Address)	
Gainesville, FL 32608	20 PH 12: 52 TARY OF STATE ASSEE, FLORIDA
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Gregory J. Monaghan	at (352) 495-8153
(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	g amount:
✓ \$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 limite	d liability company	is: Andes Clay	/ Roof Tile, LLC		
 The mailing address of 			10382 SW 98th La	ane	
2. The maining address of	the infined hability	company is	·		
			Gainesville, FL 32	2608	
October 4, 2006 L. 0		L 0600	000096848		
3. Date of filing/registration in Florida		•	4. Document number		
5. The name of the registe Florida Department of S		gistered office a	ddress as shown o	n the records of the	
•		ervice Compa	ny		
		Name			
	1201 Hays St				
Address Ze O					
City, State and Zip					
6. The name and address of the new registered agent and/or office:					
	Gregory J. Mon	naghan		PHI2: 52 OF STATE E. FLORIDA	
Gregory J. Monaghan Name 10382 SW 98th Lane Florida street address (P.O. Box NOT acceptable)					
	10382 SW 98th	Lane		52 52	
	Florida street addre	ess (P.O. Box N	OT acceptable)		
	Gainesville	FL 32608			
	City	, State and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement	nange or changes are the registered agent reby confirmed that the ited liability compan tof the limited liabil	e made, the Flori will be identical the change(s) wany or as otherwi- lity company.	da street address on the case of the case	of the registered office of a Florida limited	
(Signature of a member or authori	zed representative of a mer	mber)			
Gregory J. Monaghan					
(Printed or typed name of signee)					
I hereby accept the appoi comply with the provision, and I am familiar with and Chapter 608, F.S. Or, if to address, I hereby confirm	s of all statutes relat I accept the obligati his document is bein that the limited liab	tive to the prope ons of my positi og filed to merely ility company ho	e to act in this cap r and complete per on as registered as reflect a change i is been notified in	acity. I further agree to formance of my duties, zent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	9/	14/2007			
	n of Corporations,	P.O. Box 6327.	Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18 (8/05)