## L07000002624

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SECRETARY OF STATE CONVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Alco Roofing Service,LLC (Name o		ability Company)
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	d Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matte	er to the following:
Alfred C. Allen		
(Name of Person)		
Alco Roofing Service,LLC	7 .	O7 DEC
(Firm/Company)	`	
		07 DEC 26 PM 1: 43
41831 Aspen St.  (Address)		P
(Address) , -		••
Eustis, FL. 32736		చ
(City/State and Zip Code)		<del></del>
For further information concerning this ma	atter, please	call:
Alfred C. Allen	at (407	<sub>)</sub> 402-5219
(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 follow	ing amount	:
\$25 Filing Fee	<b>V</b>	\$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 co	mpany is: Alco Roofing Se	rvice, LLC	
2. The mailing add	ress of the limited	liability company is : #30	5 478 E. Altamonte DF	R. STE. 108
Altamonte Springs, F	L. 32701			
January 19, 2007		1.0	07000002624	
3. Date of filing/reg	ristration in Florida	<del></del>	Document number	-
3. Date of fining/feg	gistration in Piorida	т.	Document number	
5. The name of the r Florida Departme		d the registered office add	dress as shown on the	records of the
r for ida Departific	Alfred C. A	Allen		
		Name		0 2
	3208 NE 8t	h Ct. Unit W		7 D
		Address		
	Pompano B	each, FL. 33062 City, State and Zip		2 CA
		•		70 20
6. The name and add	dress of the new re	gistered agent and/or office	ce:	OF DEC 26 PM
	Alfred C. Al	len		PH 1: 43
	•	Name		is the
	41831 Aspe			
	Florida stre	eet address (P.O. Box NO	T acceptable)	
	Eustis,	FL 32736		
		City, State and Zip		_
confirmed that after and the business offi liability company, it	the change or char ice of the registered is hereby confirme he limited liability ement of the limite	organized under the laws organized under the Florida dagent will be identical. ed that the change(s) was company or as otherwise ed liability company.	a street address of the r Or, in the case of a Flowere authorized by an	registered office orida limited affirmative vote
Alfred C. Allen				
(Printed or typed name of	signee)			
I hereby accept the comply with the provand I am familiar with Chapter 608, F.S. Caddress, I hereby con (Signature, of Registered A	C. Allen	gistered agent and agree to es relative to the proper of boligations of my position is being filed to merely r ed liability company has	'o act in this capacity. Ind complete performa as registered agent as effect a change in the i been notified in writin	I further agree to ince of my duties, is provided for in registered office g of this change.

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