

L07000041970

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (866) 703-8828
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LLC REGISTERED AGENT CHANGE
CMC HOME IMPROVEMENTS, LLC

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N. Culligan OCT 18 2012

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October 17, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AIA REGISTERED AGENTS,

SUBJECT: CMC HOME IMPROVEMENTS, LLC
REF: L07000041970

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Neyssa Culligan
Regulatory Specialist II

FAX Aud. #: H12000250324
Letter Number: 112A00025563

P.O BOX 6327 - Tallahassee, Florida 32314

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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. Name of the limited liability company: CMC HOME IMPROVEMENTS, LLC
 2. (a) Principal office address of limited liability company: 28801 104TH DRIVE EAST

(Note: MUST BE STREET ADDRESS)MYAKKA CITY FL 34251(b) Mailing address of limited liability company: 28801 104TH DRIVE EAST(Note: MAY BE POST OFFICE BOX)MYAKKA CITY FL 3425104/19/2007

3. Date of filing/registration in Florida

107000041970

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

NONE (RESIGNED)

Registered Office Address:

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW Registered Agent:A1A REGISTERED AGENT INC.NEW Registered Office Address:5647 110TH AVENUE NORTH(MUST BE FLORIDA STREET ADDRESS)ROYAL PALM BEACH FL 33411

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 authorized representative of a member
CHRIS CHOQUETTE
 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 609, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent
Tim Male

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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