

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000256903 3)))



HO700025690334BC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number: 120070000020

120070000020

Phone :

: (813)435-3176

Tax Number

: (813)333-6358

MECELYER

MOTOCY AM 8: 00

SECRETARY OF STATE
ALLAHASSEE.FLORIDA

REGISTERED AGENT CHANGE

AMERICAN SKYLIGHTS, LLC

rtificate of Status	0
rtified Copy	0
ge Count	01
imated Charge	\$35:00

Electronic Filing Мели

Corporate Filing Menu

Help

JB

1 34

10/16/2007 14:52

6133336358

NICK SPRADLIN ESQ

PAGE 02/02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisio liability company submit agent, or both, in the Stat	ns of sections 608 to the following state of Florida.	1.416 or 608.508, Florida Statu Tement in order to change its re	tes, the undersigned limited gistered office or registered	
1. The name of the limited liability company is: AMERICAN SKYLIGHTS, LLC				
2. The mailing address of	f the limited liabilit	ty company is : 9868 SW 12TH C	OURT, BOCA RATON,	
FLORIDA 33428				
5/16/2007		L07000052178		
3. Date of filing/registra	tion in Florida	4. Document r	umber	
5. The name of the regist Florida Department of		registered office address as show	n on the records of the	
•	RICHARD E. M	ILES	<u>_</u>	
Name				
9666 SW 12TH COURT				
Address BOCA RATON, FLORIDA 33428				
		City, State and Zip	- , o 🖁 😹	
6. The name and address	of the new register	ed agent and/or office:	OT OCT 16 AM 8: 3	
	THE LAW OFFIC	CES OF NICK SPRADLIN, PL	LC - Si	
Name		- 6 Con		
12000 NORTH DALE MABRY HIGHWAY #110		RPOP RPOP		
	Florida street ad	dress (P.O. Box NOT acceptable	මා ලා ය	
	TAMPA	FL 33618		
	Ci	ity, State and Zip		
confirmed that after the cand the business office of liability company, it is he	change or changes a f the registered age creby confirmed tha mited liability com- mt of the limited lia		ess of the registered office ase of a Plorida limited ized by an affirmative vote	
NICKOLAS J. SPRADLIN		REPRESENTATIVE		
(Signature of Registered Agent)	pintment as register ns of all statules re nd accept the oblig this document is be n that the limited to	red agent and agree to act in this lative to the proper and complet ations of my position as registereing filed to merely reflect a charability company has been notifie		
Oivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				

INHS18 (8/05)