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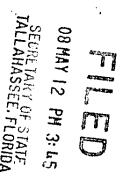
(Requestor's Name)			
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PICK-UP WAIT MAIL			
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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: All Brevard Aluminum, LLC (Name of L	imited Lia	ability Company)
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered O	ffice Chan	nge and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter	to the following:
Lisa M. Stiffler		
(Name of Person)		•
Lisa M. Stiffler, Inc		
. (Firm/Company)		08
694 Atlantis Road, Suite 1		CRETA AHAS
(Address)		SEC. 2
Melbourne, FL 32904		PH 3:1
(City/State and Zip Code)	·, ·	- RIDA
For further information concerning this matte	er, please c	cail:
Lisa M. Stiffler	at (321) 956-6360
(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	I I I	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 limit	ed liability company i	is: All Brevard Alı	ıminum, LLC	
2. The mailing address of	of the limited liability	company is: 50)60 Trend Road	
West Melbourne, FL 32904	4			
09/04/2007			L07000090076	
3. Date of filing/registration in Florida		•	4. Document numb	per
5. The name of the regist Florida Department of		gistered office a	ddress as shown on	the records of the
	Lisa M. Stiffler, In			
		Name		
694 Atlantis Road, Suite 1				
Address Melbourne, FL 32904				
				A 25 9
	City, State and Zip			Z = 3
6. The name and address	of the new registered	agent and/or of	fice:	HASS
Walter E. Wells II				
Name				E I
	5060 Trend Road			57 W F
	Florida street addre	ess (P.O. Box N	OT acceptable)	3: 45 ORIDA
	West Melbourne	, FL 32904		
	City,	, State and Zip		
If the limited liability corconfirmed that after the cand the business office of	change or changes are	made, the Flori	da street address of	f the registered office

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.

melly of alle wills	
(Signature of a member or authorized representative of a member)	-
Kelly-Noelle Wells	
(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 proving and I am familiar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the similed 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 has been notified in writing of this change.

(Signature of Registered Agent)