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T. CLINE

JUN 11 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUB.		ary's Gla	***			· · · · · · · · · · · · · · · · · · ·
Dear	Sir or Madam:			•	•	
The	analoged Designand Agent/Designan	d Office C	'honoo	and foo(a)	ana auhunistad fa	n Glina
THE	enclosed Registered Agent/Registered	a Office C	mange a	and rec(s)	are submitted it	n ming.
Pleas	e return all correspondence concerni	ng this ma	atter to 1	the follow	ing:	
	Mr. Gary R. Donato			- -		
	Name of Person					
	Gary's Glass & More LL	_C				
	Firm/Company			-		
	4409 Hoffner Ave. #11	6				
	Address					75 75 75 75 75 75 75 75 75 75 75 75 75 7
	Orlando, Fl. 32812					2009 JUN 10 PM 12: 13 SECRETARY OF STATE ALLAHASSEE. FLORID
	City/State and Zip Code			_		SSS SSS
	GDONATO1@cfl.rr.cor	m				E S
F	-mail address: (to be used for future annual repo	rt notification	n)	_		STAT STAT
Eon 6		-441.	. 11			OPE W
rorit	urther information concerning this ma	atter, piea	ise call:			
	Gary R. Donato	at (407	J	765-2467	
	Name of Person		Α	rea Code & 1	Daytime Telephone N	lumber
	STREET/COURIER ADDRESS:		MAI	LING AD	DRESS:	
	Registration Section Registration Section					
	Division of Corporations Division of Corporations					
	Clifton Building P.O. Box 6327					
	2661 Executive Center Circle		Talla	hassee, Flo	orida 32314	
	Tallahassee, Florida 32301					
	Enclosed is a check for the follow	ving amo	unt:			
	\$25 Filing Fee		\$55	Filing Fe	e & Certified C	ору

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:	Gary's Glass & More LLC					
(a) Principal office address of limited liability company:		6556 Autumn Cove Dr.				
(Note: MUST BE STREET ADDRESS)	Orlar	ndo, Fl 32822	· · ·			
(b) Mailing address of limited liability company:	Gary's Glass & More LLC					
(Note: MAY BE POST OFFICE BOX)		Hoffner Ave. ndo, Fl 32812	#116			
June 10, 2008		L0800	0057116			
3. Date of filing/registration in Florida	4. Do	cument number	•			
5. (a) Registered Agent and Registered Office shown of	n the rec	ords of the Flor	rida Dept. (of State:	:	
Registered Agent:	<u>Unite</u>	ed States Corp	orations	Agents	.Inc.	
Registered Office Address:	320 S 347	S. Flamingo R	oad			
	Peml	broke Pines, F	L. 33027	700		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Reg	istered Office	AR address	NOF		
NEW Registered Agent:	Gary	R. Donato	RY O	<u> </u>	<u>—</u>	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	<u>6556</u>	Autumn Cove		PH IZ:	(Farmy)	
	Orlar	ndo		FL 33 282	2	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is bereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida s entical. C	street address of Or, in the case of were authorized	f the regist f a Florida	ered off limited	wata	
, Gary R. Donato						
Printed or typed name of signee						
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or it his document is being filed to a address, I hereby confirm that the limited liability compe	l agree to proper an position a nerely rej my has b	act in this cape ad complete per is registered ag flect a change i een-notified in v	acity. I fun formance of ent as pro n the regis writing of l	rther ag of my di vided fo tered of this chai	ree to ities, r in fice nge.	
Signature of Registered Agent						

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