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Special Instructions to Filing Officer:			
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M. THOMAS NOV - 4 2008

**EXAMINER** 

## **COVER LETTER**

	egistration Section vision of Corporations			
SUBJECT: No plus Mirrors, Ghes Short-ones, U. (Name of Limited Liability Company)				
Dear Sir o	or Madam:			
The enclo	sed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning this m	atter to the following:		
_Anto	onios Fronimakis (Name of Person)			
Naples	Hirrors Glass & Store Fronts (Firm/Company)	SUC.	74.83 74.83	
1370 F	Sail Head Blod. #8-9 (Address)		MOV -3 /	
Naple	(City/State and Zip Code)		H III: 33 FLORIDA	
For furthe	r information concerning this matter, plea	ase call:		
Anton		239 ) 597-9476 (Area Code & Daytime Telephone Number)	<del></del>	
Re Di <sup>,</sup> Cli 26	CREET/COURIER ADDRESS: ogistration Section vision of Corporations ifton Building 61 Executive Center Circle Ilahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Er	nclosed is a check for the following amo	ount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

\* · 10

## 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: Name of the limited liability company	Mirrors Glass & Storefronts, UC.
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	19: 1320 Pail Head Blid#89 Naples, FL 34110
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME
September 15, 2008  3. Date of filing/registration in Florida	L 08000087824 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Erik Franimakis
Registered Office Address:	1320 Paul Head Blod. #8950 8 Nagles, Fl 34110
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address:
NEW Registered Agent:	Antonios Franimalises
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1320 Paul Head Blud #8-9 Nacoles ,FL34110
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	<del></del>
Antonios Franimalis (Printed or typed name of signee)	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, is change in the registered office address, I hereby ed in writing of this change.

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

(Signature of Registered Agent)