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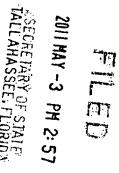
(Request	or's Name)	
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J. SAULSBERRY EXAMINER

MAY 4 2011

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Universal Was	ability Company	LLC
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter	er to the following:	
Christy Goudre		
UniVersal Wall Soluts Firm/Company	ons LLC	
POBOX 47058Z Address		201 FAL
Cake Monroe FC 327	<u>74</u> 7	FIL 2011 HAY -3 SECRETARY SECRETARY
E-mail address: (to be used for future abdual report notification)	M	PH 2: 5
For further information concerning this matter, please	call:	
Ch/15 ty Goudeau at (40)	27 855 Area Code & Daytime Telephone N	-3 lumber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amoun	ıt:	
\$25 Filing Fee	\$55 Filing Fee & Certified Co	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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 of the operating agreement of the limited liability company. adreau gnature of a member or authorized representative of a member Toudreau Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. Thirther agree to comply with the provisions of all statutes relative to the proper and complete performance of any duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I horeby confirm that the limited liability company has been notified in writing of this change.

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

Signature of Hegistered Agent