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SECRETARY OF STATE

MAR 0 4 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: LD INSTALLERS, LLC  Name of Limited Liability Company				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to t	he following:			
James URBONEK Name of Person				
Name of Person				
15 1.22				
LD INSTALLERS, LLC Firm/Company	<del></del>			
12181 QUILTING LANE Address				
Address				
BOCA RATON, FL 33428 City/State and Zip Code				
City/State and Zip Code				
in juck-oak a hell with mat				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
1 (1				
Name of Person	Area Code & Daytime Telephone Number			
	·			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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:	LLC		
2. (a) 11419 A W. PALMETTO PROCK Ra (b) 12	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
BOCO ROTON, FL 33497 BOC	A RASON, FL	33428	
DECEMBER 12, 2011 LIIC  3. Date of filing/registration in Florida 4.	Document number		
5. (a) THOMAS J URBANEK  Registered Agent and Registered Office shown on the records of the Florida Dept. of State  H699 North Drie Hibrary  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	- e: -		
Ponpawo BEACIL , FL 33044  (b) Janes Urbanek  Enter name of NEW Registered Agent and/or NEW Registered Office address:	<del>-</del> -	SECRETARY OF ST TALLAHASSTELFLO 16 MAR -3 PH 2:	
NEW Registered Office Address:	<del>-</del>	AIE 33	
BOCA RATION ,FL 33428	_		
If the limited liability company is not organized under the laws of the State of Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company, it i was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability con	e and the business office s hereby confirmed that y company or as otherw	of the registered the change(s)	
James	S Urbanek Printed or typed name of sig		
I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 603 to mergly reflect a change in the registered office address, I hereby confirm that notified in writing of this change.	,,	•	
Division of Corporations • P.O. Box 6327 • Tallahas	ssee, FL 32314		