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FEB 13 2014 D. BRUCE

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.

		0.1 11 11 111 1111	Par	W RABINETS LIC
		me of the limited liability company:		
2.	(a)	Principal office address of limited liat (Note: MUST BE STREET ADDR.	oility company	4218 WORFH OCHAN BUD
		(Note: MOST BE STREET ADDRE	<u>(133</u>)	LAUDERDANE BY 14 SOF FL333
	(b)	Mailing address of limited liability co	mpanv:	428 Nourt OceAN PNVD
	(=)	(Note: MAY BE POST OFFICE B		LANDERDUE BY THE SEA FT 333.
				LANSPIEDVIE BY THE SENT TO 332
		Mag 2013	-	L 13000077701
3.	Da	te of filing/registration in Florida		4. Document number
5.	(a)	Registered Agent and Registered Off	ice shown on	the records of the Florida Dept. of State:
		Registered Agent:	1	ALICIA BORGES
		5	-	7/150 CHAMPACAER
		Registered Office Address:		B P
				DOCA VATON IC.
	(h)	Enter name of NEW Registered Age	nt and/or NE'	W Registered Office address: 33435
	(0)		and or IVE	1. /
		NEW Registered Agent:		WINTER MINTAD
		NEW Registered Office Address:		1817 NW21-9
		MUST BE FLORIDA STREET AL	<u>ODRESS)</u>	TOWAND BRACH FT 3
[£4	tha l	limited lightlity comment is not anomic	and sundantha	33069
COI	nfin	med that after the change or changes ar	re made, the F	laws of the State of Florida, it is hereby I lorida street address of the registered office
ia	bilit	v company, it is hereby confirmed that	t the change(s)	tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote of
the	me	embers of the limited liability company erating agreement of the limited liabili	or as otherwi	se provided in the articles of organization or
٠,٠٠	_ [ty company.	
Sig:		e of a member or authorized representative of a me	mber	
	Li	NN GILLINEDIN		3355 N
- / Pri	nted	or typed name of signee		- <u>"</u> ¶ ≩ II
7.1	1080	by accept the appointment as registere	ed agent and a	agree to act in this capacity. Efficiency of the duties
coi ani	mpl d i I i	y with the provisions of all statutes rela am famil <u>i</u> ar with and accept the obliga	ative to the pr	öper and complete performange of n er duties, osition as registered agent as pr övid ed for in
ud_{0}	ires	er PUS, F.S. Pr. if this document is be is figherely donfirm that the limited lia	ing filed to me bility compan	oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.
ح		VILVON -		
Si	tan	c of Registred Agent		

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

INHS18 (05/08)