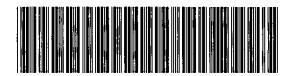
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COVER LETTER

		OO, D	K EBIIBK				
TO:	Registration Section Division of Corporations						
SUBJI	WINDOW XPERTS LLC						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The en	aclosed Registered Agent/Registered Off	fice Change	and fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to	the following:				
JOSE	LUIS GARCIA						
	Name of Person						
WINE	OOW XPERTS LLC						
•	Firm/Company	<u> </u>					
8435	SW 81ST TER						
	Address						
MIAN	11, FL 33143						
	City/State and Zip Code						
JOEG	SARCIA@JOEGARCIAMBA.COM	1					
E	E-mail address: (to be used for future and	nual report n	otification)				
For fu	rther information concerning this matter	, please call:					
JOSE	LUIS GARCIA	305	753-7271				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:		MAILING ADDRESS:				
	Registration Section		Registration Section				
	Division of Corporations		Division of Corporations				
	Clifton Building		P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314				
	Enclosed is a check for the following	g amount:					
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				

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.

the	he limited liability company: WINDOW XPERTS LLC					
S	SW 81ST TER, MIAMI, FL 33143 (b) 8435 SV	(b) 8435 SW 81ST TER, MIAMI, FL 33143				
Pri	· · · · · · · · · · · · · · · · · · ·	Mailing address of li (Note: MAY BE		_		
	Date of filing/registration in Florida L1400012	22242 Document num	her			
	E LUIS GARCIA	Document num	DCI			
S	ed Agent and Registered Office shown on the records of the Florida Dept. of State SUNSET DRIVE, #450 red Office Address (MUST BE FLORIDA STREET ADDRESS)	- e: -	1	Na.		
ΛI	4I , FL 33173	-	SELECTIVE SELECTION	OZ ADN SII	Enrique E E Estatute Granare	
ame	me of NEW Registered Agent and/or NEW Registered Office address:	-			gazge.	
	SW 81ST TER			1 2: 33	**************************************	
leε	egistered Office Address:	-	,			
ΛI	1I _{, FL} 33143	-				
ch de or	iability company is not organized under the laws of the State of Flochanges are made, the Florida street address of the registered office dentical. Or, in the case of a Florida limited liability company, it is orized by an affirmative vote of the members of the limited liability company or the operating agreement of the limited liability company.	e and the business s hereby confirm	ss office led that otherwi	of the the ch ise pro	e registered	
pt all s o	of the appointment as registered agent and agree to act in this capall statutes relative to the proper and complete performance of my of of my position as registered agent as provided for in Chapter 605 of proper in the registered office address, I hereby confirm that it is the change.	acity I further o	aree to	comn	ly with the and accept being filed has been	
	steted Agent					