L15000 115387

(Re	equestor's Name)						
(Ad	idress)						
(Ad	ldress)						
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nan	ne)					
(Document Number)							
Certified Copies							
Special Instructions to	Filing Officer:						
	,						

Office Use Only



000281514390

02/01/16--01009--020 **25.00

2018 FEB -1 PM 3: 58

TEBOZZINE J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: U.S.A. Marine Windows and Doors LLC Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Ashley Agin Name of Person							
1BC Firm/Company							
4301 S. Flamingo Rd 106-210 Address							
Davie, Florida 33330 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
AShley Agin at (954) 434-3111 Name of Pelson at (954) Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: MAILING ADDRESS: Pagistration Section Registration Section							
Registration Section Registration Section Division of Corporations Division of Corporations							
Clifton Building P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$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. Na	ame of the limited liability company: U.SA, M	مضم	eblic	ndows o	and C)OC	xs LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Mailing address of (Note: MAY BE	limited liabili	ity con	npany:
	Hollywood, FL 33020	-	Coop	er City	, FL :	<u>33</u> (328
3.	O7/10/2015 Date of filing/registration in Florida	- - 4.	L150	Document num	387		
5. (a)	_IBC Capital LLC	٦.		Document num	1001		
()	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	;;			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
	Ste 104				· ·	~ 9	
	COOPER CITY, FL	333	28				ده دید ۱
(b)					F 55) 	CANAL CANAL U
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	re <u>ss</u> :			7) II	reum;
	3804 N 29th Avenue					<u></u>	
	NEW Registered Office Address:					ထ	
	Hollyward .FL	3301	20	•			
the cha agent v	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	s of the the the regist	State of Flo tered office mpany, it is	and the busine hereby confirm	ess office of ned that the	f the e cha	registered nge(s)
the arti	ere anthorized by an affirmative vote of the members of cost of organization or the operating agreement of the l	i the itmi limited Li	ability com	pany.	otherwise	: prov	/ided in
/ -	ure of a prember or authorized representative of a member			Printed or typed n	_		
I nerell provisi the obl to mere notifiel	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete in igations of my position as registered agent as provided by reflect a change in the registered office address, I have in the change of this change.	ee to act performa I for in C ereby co	in this cape ince of my c hapter 605 nfirm that i	acity. I further duties, and I am, F.S. Or, if thi the limited liabi	agree to co 1 familiar w 3 documen ility compa	omply vith a t is be ny ha	with the and accept eing filed as been
Signatu	re of Registered Agent						
-	Division of Corporations P.O. B	ox 6327	• Tallahas	see, FL 32314			

FILING FEE: \$25.00