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## **COVER LETTER**

CO: Registration Section Division of Corporations				
SUBJECT: Expless Custom Cabinets 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:				
Jose Harrero  Name of Person				
EXPICIÓN CUSTOM CABINETS UC Firm/Company				
1400 WEST ALST APT H Address				
HYALEAK PL 33012  City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (786) 443-2610  Area Code & Daytime Telephone Number				
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 amount:				
■ \$25 Filing Fee				
INHS18 (2/14)				

## 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.

(a)	Principal office address of limited liability (Note: MUST BE STREET ADDR	company:		A) ST AOT H, HINLEAH, FL 330  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Date of filing/registration in Flor	mida.	4.	Document number
		liua	٦.	120cmient number
(a)	Registered Agent and Registered Office shown on	the seconds of th	Florida Dont of State	<u>.</u>
	Registered Agent and Registered Office shown on	the records of the	e rionus Dept. of State	c.
		<del>17 PS</del>	D.B.C.C.	_
	Registered Office Address (MUST BE FLORI	<u>DA STREET AL</u>	ODRESS)	
		<u> </u>		
	Hialoch	FI	33012	
	<u>Hialeah</u>	, 1 L	<u></u>	-
(b)	Leticia Padron			
(-)	Enter name of NEW Registered Agent and/or NE	W Registered O	ffice address:	-
	1400 W 41 ST APT	44	·	_
	NEW Registered Office Address:			
				-
	HI ALEN H	. FI.	33012	
cha ent w s/we	mited liability company is not organized unge or changes are made, the Florida streetill be identical. Or, in the case of a Florida eathorized by an affirmative vote of the cless of organization or the operating agree	et address of tl da limited liab e members of	ne registered office ility company, it is the limited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
			TOSE	Mariera
ignat	ure of a member or authorized representative of a n	nember		Printed or typed name of signee
ovisio	y accept the appointment as registered at ons of all statutes relative to the proper at teations of my position as registered agen	nd complete p	erformance of my	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been