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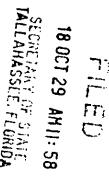
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Quality Aluminum Soffit LLC	Quality Aluminum Soffit LLC				
		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the fol	llowing:			
Yosva	ani Rodriguez Leyva					
	Name of Person		-			
Quali	ty Aluminum Soffit LLC					
	Firm/Company		-			
4152	Sanseviera Ln					
	Address		-			
Orlan	do Florida 32822					
	City/State and Zip Code		-			
•	yaluminumllc@gmail.com		_			
F	E-mail address: (to be used for future ann	ual report notified	ation)			
For fu	rther information concerning this matter,	please call:				
Yosva	ani Rodriguez Leyva	813	703 7734			
	Name of Person		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		stration Section sion of Corporations Box 6327			
Enclosed is a check for the following amount:						
	■ \$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	me of the limited liability company: Quality Alumin	um Sof	offit LLC		
2. (a)		_ (b))		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4152 Sanseviera Ln Orlando Fl 32822		4152 Sanseviera Ln Orlando Fl 32822		
	08/31/2016		L16000163856		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Joshua Alexander Torres				
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address	DDRESS)	<u> </u>		
	1303 Constantine St				
	Orlando, FL_	32825	EARLY		
(b)	Yadiel Perez Barrios		SSEE O		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office_ado	Marin Se Amili : 58		
	NEW Registered Office Address:				
	2716 E. Grant Ave	* . 48	<u> </u>		
	Orlando , FL	32806	<u>} </u>		
the cha agent was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis bility co f the lim limited l	istered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.		
	- July	Yos	svani Rodriguez Leyva		
I here provis the ob to mer	nure of simulpher or authorized representative of a member why accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	いうけんけかい	nance of my dubey. And I am Iamiliar Wiin and acceni		