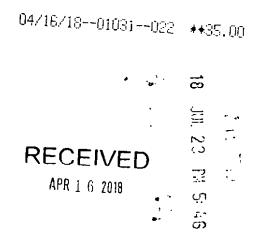


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
1/23			

Office Use Only



000311300570



GUE 2 4 2018

S. PRATHER





Registration Section TO: Division of Corporations

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:
Grace M. Cruz Diaz Name of Person
Admai Shower Glass & Mirror, LLC. Firm/Company 104 thoroball Rd.
104 thornhill Rd. Address
Ft. Walton Beach, H. 30547 City/State and Zip Code
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Crace Mi Cruz Diazat (850) 716-9834 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAU-ING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

2661 Executive Center Circle Tallahassee, Florida 32301

Tallahassee, Florida 32314

6)

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Flo. Dept. of state

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.

rioriaa		110
1. Na	me of the limited liability company: Adonal Shower Glass &	Mirror, ac
2. (a)	Principal office address of limited liability company: 30547 (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFF	
	Ft. Walton Beach: Fl. Gt. Walton Be	each H.
	32547	<i>3254</i> 7
	03/19/2018 L 180000697	48
3.	Date of filing/registration in Florida 4. Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	2398 Wordhine DP:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	(restriew, A. 30536	8
	Mestriew FL 32536	E ••.
	1 0000 11 0 000	23
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	· 2
		. ćù
	NEW Registered Office Address:	
	Ft. Walton Breach; Fl.	
	Production Decided II	
	Ft. Walton Beach FL 32547	
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirm nge or changes are made, the Florida street address of the registered office and the business office of	ed that after of the registered
agent w	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the authorized by an affirmative vote of the members of the limited liability company or as otherwise	e change(s)
the artic	cles of organization or the operating agreement of the limited liability company.	
Signat	ure of a member or authorized representative of a member Mavte - Pevz 2 1 Printed or typed name of signs	<u>Onathan</u> M
I heret provision the oblition mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to come of all statutes relative to the proper and complete performance of my duties, and I am familiar vigations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document of the registered office address, I hereby confirm that the limited liability composition of this change.	omply with the with and accept at is being filed
Signatur	re of Registered Agent	