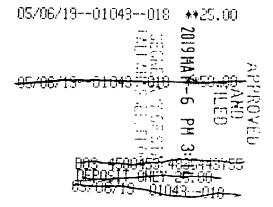
## 118000/70651

(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:						

Office Use Only



500328407665



## **COVER LETTER**

TO:	Registration Section Division of Corporations		<i>*</i>			
SUBJ	Security Metals & Glass. LL				<del>.</del>	
	Nan	ne of Limite	d Liability Company			
Dear :	Sir or Madam:					
The e	nclosed Registered Agent/Registered Off	fice Change	and fee(s) are submitted for filing.			
Please	e return all correspondence concerning th	is matter to	the following:			
Luis	Navia					
<del></del>	Name of Person					
Secu	urity Metals & Glass, LLC.					
	Firm/Company			20.00	201	
2140	) W. Flagler Street Ste 206				2019 MAY -6	2
	Address		<del></del>		9-	
Miar	ni, Fl. 33135			P# 3:		
	City/State and Zip Code		·····	- 3 - 2 - 2	3: [4	
navia	aluis@icloud.com					
-	E-mail address: (to be used for future and	nual report n	otification)			
For fu	urther information concerning this matter	, please call:				
Luis	Navia	786	314-1993			
	Name of Person		Area Code & Daytime Telepho	one Numbe	- er	
	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	g amount:				
	\$25 Filing Fee	ì	\$55 Filing Fee & Certified Copy			
INHS	18 (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

1. N	Name of the limited liability company: Security Meta	als & Glass, LLC			
2. (a)	2140 W. Flagler Street	(b) 2140 W	(b) 2140 W. Flagler Street		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Suite 206	Suite 20	Suite 206		
	Miami, Fl. 33135	Miami, Fl. 33135			
	July 16 2018	L180001	70651		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	, Hiram Rodriguez				
٥. (د	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ate:		
	2235 NW 41st Street		<b>20</b>		
	Registered Office Address (MUST BE FLORIDA STREET.	AP 2019 HAY			
	Miami , FI	33142	AART		
	Javier Baños Machado, Esq.		PM 3:		
(b	Enter name of NEW Registered Agent and/or NEW Registered				
			-		
	NEW Designation of Office Address.		_		
	NEW Registered Office Address:				
	3126 Coral Way		_		
	Miami , FI	_33145			
the clagent was/vethe ar	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and agreement of all statutes relative to the proper and complete	f the registered officiability company, it of the limited liability color limited liability color Luis Navia	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  Printed or typed name of signce		
the or to me notifi	sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ded in writing of this change.	ed főr in Chaptér 60, hereby confirm tha	95, F.S. Or, if this document is being filed the limited liability company has been		
Signa	ture of Registered Agent				