_90	100	2810000		
Re	quester's Name			
ALLSTA 5745 S GAINES	IE BUILDING SYSTEM W 75th st., PMB 22 VILLE,FL 32608	4S,LLC		
City/State/Z	ip Phone #	ŧ		
		Office Use Only		
	NAME(S) & DOCU	UMENT NUMBER(S), (if known): (Document #) 500042736954 -05/21/0101118002		
	·	*****25.00 *****25.00		
(Ca	prporation Name)	(Document #)		
(Co	prporation Name)	(Document #)		
(Ca	prporation Name)	(Document #)		
<b>W</b> alk in	Pick up time	Certified Copy		
Mail out	Will wait	Photocopy Certificate of Status		
EW FILINGS		AMENDMENTS		
<ul> <li>Profit</li> <li>Not for Profit</li> <li>Limited Liability</li> <li>Domestication</li> <li>Other</li> </ul>		<ul> <li>Amendment</li> <li>Resignation of R.A., Officer/Director</li> <li>Change of Registered Agent</li> <li>Dissolution/Withdrawal</li> <li>Merger</li> </ul>		
DTHER FILINGS		REGISTRATION/QUALIFICATION		
Annual Rep Fictitious Na		<ul> <li>Foreign</li> <li>Limited Partnership</li> <li>Reinstatement</li> <li>Trademark</li> <li>Other</li> <li>5/23</li> </ul>		

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: <u>ALLSTATE BUILDING SYSTEMS, LLC</u>

2. The mailing address of the limited liability company is : 5745 S.W. 75th St., PMB 223

GAINESVILLE, FL 32608

## 1/11/1999

3. Date of filing/registration in Florida

L9900000183 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

	SANDY DAILEY		
•	Name		
	2377 LAKE DEBRA DRIVE, #1914 Address		
	City, State and Zip	•	
6. The name and address	of the new registered agent and/or office:		
	SANDY DAILEY	• ••• •	
	Name		
	1505 FORT CLARK BLVD., # 13301		
	Florida street address (P.O. Box NOT acceptable)		
	GAINESVILLE FL32606		
	City, State and Zip	<u> </u>	
and the business office of	appany is not organized under the laws of the State of H hange or changes are made, the Florida street address the registered agent will be identical. Or, in the case reby confirmed that the change(s) was/were authorized d liability company or as otherwise provided in the ar f the limited liability company.	of the registered office	
JOHN ANDREW DAILEY (Printed or typed name of signee)	· · · · · · · · · · · · · · · · · · ·		
·- • ·	ntment as registered agent and agree to act in this ca s of all statutes relative to the proper and complete per daccept the obligations of my position as registered of his document is being filed to merely reflect a change that the limited liability company has been notified in Out	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**