## MIOOOOOOYFT

(Re	questor's Name)				
(Address)					
bA)	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



01/31/14---01018---017 \*\*25.00

4 6 1 2013





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: January 29, 2014

Order#: 961449-021

Re: TRULITE GLASS & ALUMINUM SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

Pursuant to the provisions of sections 605.0114, 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.	Name	of the limited liability company: TRULITE GLA	ASS & ALUMINUM SOLUTION	ONS, LLC	
2.	(a) Pr	rincipal office address of limited liability compa Note: MUST BE STREET ADDRESS )	Tamarac, FL 33321		
	(b) M	lailing address of limited liability company:  Note: MAY BE POST OFFICE BOX)			
02	2/03/201	10	M10000000483		
3.	Date of	of filing/registration in Florida	4. Document number	4. Document number	
5.	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	R	egistered Agent:	C T Corporation System	C T Corporation System	
	R	egistered Office Address:	1200 South Pine Island Plantation, FL 33324	1200 South Pine Island Road Plantation, FL 33324	
	<u>N</u>	nter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>EW</u> Registered Agent: <u>EW</u> Registered Office Address:		Corporation Service Company	
(MUST BE FLORIDA STREET ADDRESS)		MUST BE FLORIDA STREET ADDRESS)	Tallahassee	FL 32301	
co an lia the the	onfirmend the bability of the member opera	ited liability company is not organized under the d that after the change or changes are made, the usiness office of the registered agent will be idecompany, it is hereby confirmed that the change person of the limited liability company or as other ting agreement of the limited liability company.  The amember of authorized representative of a member seperated agent and accept the appointment as registered agent and accept the appointment as registered agent and familiar with and accept the obligations of my foot, F.S. Or, if this document is being filed to it hereby confirm that the limited liability compositions of my that the limited liability compositions of the limited liability compositions.	Florida street address of entical. Or, in the case of (s) was/were authorized be wise provided in the article.	rida, it is hereby the registered office a Florida limited by an affirmative vote of les-of-organization or	
В	y: )	I hereby confirm that the limited liability composition Service Company			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00