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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: <u>GII Keys Shutters Inc</u> (Name of Corporation)
DOCUMENT NUMBER: PO5000 460 4/1
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laura Barberis (Name of Contact Person)
all Keys Shutters Inc. (Firm/Company)
4256 Serendipity Lane (Address)
Melbourne, F.1. 32901 (Citý/State and Zip Code)
For further information concerning this matter, please call:
Laura Barberis at (321) 951-227 (Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: all Keys Shutters. Inc.
2. The principal office address: 4/16 E. Strawbridge ave. Mc/bourne, F1. 32901
3. The mailing address (if different): 4256 Serendipity Lane
Me/bourse, F1. 32904 4. Date of incorporation/qualification: 03 12812005 Document number: P050000 46041
4. Date of incorporation/qualification: 03 12812005 Document number: P050000 46041
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Laura Barberis
2530 Kirby auc. Su.te 303
Palm Bay, F1. 32905
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Laura Barberis 4256: Second 10 Ctiv Acres
Laura Barberis
(P.O Box NOT acceptable)
Melbourne, Fl. 32901
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) Scott Case UP (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Laura Parbenis
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *