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of party charge

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 $H(SI)A$
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AGV AUNINUM DOOR AND WINDOW INSTALLATION INC
2. The principal office address: 125 PALMETTO STREET APT # B
WEST PALM BEACH, FLORINA 33405
3. The mailing address (if different):
at do la
4. Date of incorporation/qualification: 01/13/3006 Document number: 1/10000006534
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
605 PALMETTO STREET APIHB
WEST PALM BEACH, FLORENA 33405 EE &
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6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
6215 GEORGIA AVENUE MAILBOX CHOSE &
INFST PALM BEACH FLOORA 33405
(P.O. Box NOT acceptable)
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) JOEL A. GAMBRA VALENZVELA PRESEDENT
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.
Significant of Registered Agent) JULY 29, 2006 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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