404000073210

	SECRETAR	Y OF STATE SEE. LORIDA
(Requestor's Name)	TALLAHAS	
(Address)	<u>. </u>	-
(Address)		-
(City/State/Zip/Phone #)		-
PICK-UP WAIT	MAIL	
(Business Entity Name)		-
(Document Number)		-
Certified Copies Certificates of	Status	
Special Instructions to Filing Officer:		
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COVER LETTER

2005 MAY 27 P 2: 28

SECRETARY OF STATE ALLAHASSEE, FLORIDA

1 FEET - ...

TO: Amendment Section Division of Corporations	SECRETAR TALLAHASS
SUBJECT: KWIK STITCH ATTEMPTIONS, W.C. (Name of corporation)	
DOCUMENT NUMBER: 404000 73210	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to the following:	
JEHHIFER BERMUZZ (Name of contact person)	
KWIK Stitch Alterations, UC	magnetic specific flow flows
8374 MAKET STREET, # 162	2
LAKEYOOD RANCH, FL 34207 (City/state and zip code)	
For further information concerning this matter, please call:	
SCHWITER BERMICEZ at (94) 58. (Name of contact person) (Area code & dayti	7-9534
(Name of contact person) (Area code & dayti	me telephone number)
Protocol in a magnetic transfer to the second of the second of	

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
409 E. Gaines Street
Tallahassee, FL 32399



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 8, 2005

JENNIFER BERMUDEZ 8374 MARKET STREET #162 LAKEWOOD RANCH, FL 34207

SUBJECT: KWIK STITCH ALTERATIONS, LLC

Ref. Number: L04000073210

We have received your document for KWIK STITCH ALTERATIONS, LLC. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 905A00024200

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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 on registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: KWIK Stitch ALGERTETARY DELISTATE
2. The mailing address of the limited liability company is: 8374 Market Street = 10
Lakewood Raner, 4l 34202
Oct. 7, 2004 L04000073210
3. Date of filing/registration in Florida 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:
Andra Tullo, ESQ Name
1301 Anchor Plaza 12kwy State 300 Address Tampa Yl 33634 City, State and Zip
6. The name and address of the new registered agent and/or office:
Name 8374 Market ST ±162 Florida street address (P.O. Box NOT acceptable)
Lakewood Rand, FL 3/202 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Ibrat & Dunus
(Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)