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COVER LETTER

TQ: Registration Section Division of Corporations

SUBJECT: What's Up Name of		achshund Liability C		LLC	
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office C	hange and	fee(s) are sub	omitted for filing.	
Please return all correspondence concerning	g this ma		ollowing:		
Lorrie Corsetti			. e		
Name of Person					
What's Up Dox Dachshund Shop	ope, LLO	<u>:</u>		JL 19 At	
755 2nd St Address					
Merritt Island, FL 32953 City/State and Zip Code	<u>.</u>				
doxrox3@hotmail.com E-mail address: (to be used for future annual report For further information concerning this man					
Lorrie Corsetti	at (888_)_	20	01-8589	
Name of Person		Area (Code & Daytime	Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	ing amo	unt: -			
\$25 Filing Fee		\$55 Filing Fee & Certified Copy			

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.

Name of the limited liability company:What's I	Jp Dox Dachshund	Shoppe, LLC		
2. (a) Principal office address of limited liability company	y: 75 !	5 2nd St		
(Note: MUST BE STREET ADDRESS)	Merritt Island, FL 329	53		
(b) Mailing address of limited liability company:	755 2nd St Merritt Island, FL 32953			
(Note: MAY BE POST OFFICE BOX)				
02/27/2006	L0600002	21294		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on		Dept: of State:		
Registered Agent:	Lorrie A. Corsetti	S 3 9 1		
Registered Office Address:	1640 Yates Dr Merritt Island, FL 3295			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	EW Registered Office address: Lorrie A. Corsetti 755 2nd St			
	Merritt Island	,FL <u>32953</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the cical. Or, in the case of a l) was/were authorized by wise provided in the artic	e registered office		
· · · · · · · · · · · · · · · · · · ·				
Lorrie A. Corsetti, MGRM Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacit oper and complete perfort sition as registered agent rely reflect a change in th y has been notified in writ	y. I further agree to nance of my duties, as provided for in he registered office ting of this change.		
Signature of Registered Agent				

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