W1000027224

(Requ	uestor's Name)	
(Addı	ess)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Busi	ness Entity Nar	ne)
· (Doci	ument Number)	·
Certified Copies	· Certificates	of Status
Special Instructions to Fi	ling Officer:	
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T. CLINE

JUL 20 199

EXAMINEH

COVER LETTER

TO: Registration Section Division of Corporations	
	irst Impression Home Staging le of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Lisa Gems	
Name of Person	
A First Impression Home	Staging TALE 2009
Firm/Company	AHE JUL
333 Porchester Dri	ve SSEE
Address	SECRETARY OF STATE ALLAHASSEE, FLORIDA
Sanford, FL 3277 City/State and Zip Code	1 SP S
lisa@afirstimpressionhomes E-mail address: (to be used for future annual	staging.com report notification)
For further information concerning this	s matter, please call:
Lisa Gems	at (407) 430-9296
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS	
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the fo	llowing amount:
\$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.

1. Name of the limited liability company:	A Fir	A First Impression Home Staging				
(a) Principal office address of limited liability company:		333 Po	333 Porchester Drive			
(Note: MUST BE STREET ADDRE	<u> </u>	Sanford, FL 32771				
(b) Mailing address of limited liability company:		333 Porchester Drive				
(Note: MAY BE POST OFFICE BO	<u>)X</u>)	Sanford, FL 32771				
03/12/2007		L070000	27224		<u>.</u>	
3. Date of filing/registration in Florida	Date of filing/registration in Florida 4. Doc					
5. (a) Registered Agent and Registered Offic	ce shown on t	he records of the Florida	a Dept. o	of State	: :	
Registered Agent:		Cheryl Waybright				
Registered Office Address:		749 Rantoul Lane	SH	2009		
		Lake Mary, FL 32746	- 			
(b) Enter name of <u>NEW Registered Agen</u>	<u>ıt</u> and/or <u>NEV</u>	V Registered Office ad	dress:	27 AM		
<u>NEW</u> Registered Agent:		Lisa Gems	SA	K		
NEW Registered Office Address: (MUST BE FLORIDA STREET AD)	DRESS)	333 Porchester Drive	9 5 7	90		
	-	Sanford	,]	FL <u>327</u>	71	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability company or the operating agreement of the limited liability company. Signature of a member or authorized representative of a members.	e made, the Fl t will be identi the change(s) ny or as other ility company	orida street address of the cal. Or, in the case of a was/were authorized by wise provided in the arti	he regist i Florida	tered of limited	ffice d	
Lisa Gems Printed or typed name of signee		_				
I hereby accept the appointment as registered comply with the provisions of all statutes relay and I am familiar with and accept the obligat Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liable statute of Registered Agent	d agent and a stive to the pro ions of my pos ng filed to men bility company	gree to act in this capac per and complete perfo sition as registered ager rely reflect a change in i has been notified in wr	ity. I fu rmance it as pro the regis riting of	rther a of my d vided f stered c this ch	gree to luties, or in office ange.	

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