L16000111120

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PICK-UP WAIT MAIL						
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SECRETARY OF STATE

T. CLINE

EXAMINER ()

COVER LETTER

Division of Corpo	orations							
SUBJECT:				BLISHING	G			
	Name of	f Limite	d Liability	/ Company				
Dear Sir or Madam:								
The enclosed Registered	Agent/Registered	Office	Change a	nd fee(s) are	submitted for	filing.		
Please return all correspo	ondence concernir	ng this m	atter to th	ne following:				
	NCE CLAYTON							
Nau	me of Person							
	EN PUBLISHING	G CO.						
	IW 106 TERR	··· · · · · ·	······································			SECA	2 8 12 Q	***
·	E PINES, FL. 33	3026				RETARY OF STATE AHASSEELTLBRID	OCT 19	ko pr Lam Vite w
	ate and Zip Code	JO2.0					T.	year.
CLAYTOVEE E-mail address: (to be used	N2@HOTMAIL for future annual repor	.COM 1 notification	on)			202 200 200	€∏ Æ	
For further information c	oncerning this ma	atter, ple	ase call:					
TERENCE C	LAYTON	at (754)	246-9989			
Name of Pers	on		An	ea Code & Dayti	me Telephone Nu	mber		
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Certallahassee, Florida	n ations nter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a che	ck for the follow	ing amo	ount:					
\$25 Filing Fee			\$55 Filing Fee & Certified Copy					

TO: Registration Section

. 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:CLA	YTOVEEN PUBLISHING CO.
2. (a) Principal office address of limited liability company	y: 248 NW 106 TERR
(Note: MUST BE STREET ADDRESS)	PEMBROKE PINES, FL. 33026
(b) Mailing address of limited liability company:	248 NW 106 TERR
(Note: MAY BE POST OFFICE BOX)	PEMBROKE PINES, FL. 33026
10-16-12	L10000111120 🚆 🙀 🐣
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept of State;
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET TALLAHASSEE F
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	TERENCE CLAYTON 248 NW 106 TERR
(MUST BE FLORIDA STREET ADDRESS)	
	PEMBROKE PINES ,FL 33026
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fland 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 registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	-
Terence Clayton	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promoted I am familiar with and accept the obligations of my postpaper 608, F.S. Or, if this document is being filed to meadress, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.

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