

U2 000022573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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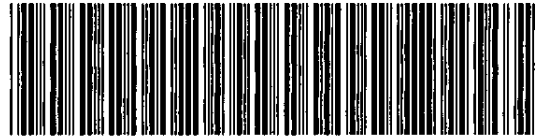
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 918 Giddens, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Henson
Name of Person

Scott L. Soelberg, P.C.
Firm/Company

837 East 1200 South
Address

Orem, Utah 84097
City/State and Zip Code

brenda@sispclaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Henson at (801) 494-8494
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 amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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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: 918 Giddens, LLC

2. (a) Principal office address of limited liability company: 7901 North Florida Avenue

(Note: MUST BE STREET ADDRESS) Tampa, Florida 33604

(b) Mailing address of limited liability company: P.O. Box 10765

(Note: MAY BE POST OFFICE BOX) Tampa, Florida 33679

02/15/2012
3. Date of filing/registration in Florida

L12000022573
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Wendy Hickey

Registered Office Address: 5219 North Neptune Way
Tampa, Florida 33609

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Agent: Wendy Hickey

NEW Registered Office Address: 7901 North Florida Avenue
(MUST BE FLORIDA STREET ADDRESS) Tampa, FL 33604

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.

Wendy Hickey
Signature of a member or authorized representative of a member

Wendy Hickey, 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.

Wendy Hickey
Signature of Registered Agent

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

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