

L120000080530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

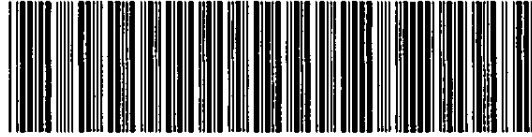
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuffigan JAN 28 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: More cce - Less Money 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:

Cindy Sheets Sandra Sheets
Name of Person

More cce - Less Money LLC
Firm/Company

18609 Cedar Dr W.
Address

H. Myers Fl 33967
City/State and Zip Code

CindyLeann16@yahoo.com
E-mail address (to be used for future annual report/notification)

For further information concerning this matter, please call:

Cindy Sheets at (828) 208-3717
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2013

SANDRA SHEETS
18609 CEDAR DR. W.
FORT MYERS, FL 33967

SUBJECT: MORE ICE - LE\$\$ MONEY LLC
Ref. Number: L12000080530

We have received your document for MORE ICE - LE\$\$ MONEY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 013A00000616

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: More or Less Money LLC

2. (a) Principal office address of limited liability company: 18609 Cedar Dr. W
 (Note: **MUST BE STREET ADDRESS**) Fort Myers, FL 33967

(b) Mailing address of limited liability company: 84 Sheets Farm Rd
 (Note: **MAY BE POST OFFICE BOX**) Bakersville, NC 28705

6/2011
 3. Date of filing/registration in Florida

L12000080530
 4. Document number

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

Registered Agent: Business Filings

Registered Office Address: 515 E Park Ave
Tallahassee, FL 32301

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

NEW Registered Agent: Sandra Sheets

NEW Registered Office Address: 18609 Cedar Dr. W
 (MUST BE FLORIDA STREET ADDRESS) Fort Myers, FL 33967

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.

[Signature]
 Signature of a member or authorized representative of a member

Mark J Sheets
 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]
 Signature of Registered Agent

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

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