

L130000 76119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

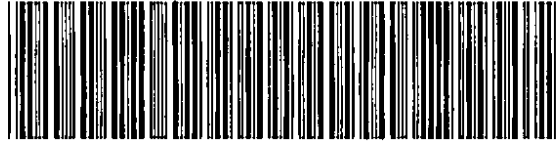
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

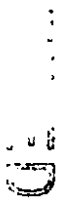
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAPIN CRAZY E-Cigs & Juices, 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:

TEWANEE SHAW
Name of Person

VAPIN CRAZY E-Cigs & Juices, LLC
Firm/Company

200 WHISPERING PINES WAY
Address

DAVENPORT, FL 33837
City/State and Zip Code

tsbsshaw@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TEWANEE SHAW at (352) 396 7893
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following 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 605.0114 or 605.0116, 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: VAPIN CRAZY E-Cigs & Juices, LLC

2. (a) 9310 US Hwy 192 STE 5 (b) 9310 US Hwy 192 STE 5
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Cleamont, FL 34714 Cleamont, FL 34714

3. 05/24/13 Date of filing/registration in Florida 4. L13000076119 Document number

5. (a) Bonnie Shaw MISC ACCOUNTING & TAX SERVICE, LLC
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State
700 Whispering Pines Way Decatur, FL 33837 15701 SA 50 #206
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Cleamont, FL 34711

(b) TERRANCE SHAW
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
210 Kerscy Street
NEW Registered Office Address:

DAVENPORT, FL 33897

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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.

Terrance Shaw
 Signature of a member or authorized representative of a member

TERRANCE SHAW
 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 605, 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.

Terrance Shaw
 Signature of Registered Agent